MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11615

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Prince George
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 403 Circle Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Buswell (Last) Abbott

4. DATE OF DEATH: (Month) Oct. (Day) 29, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Cauc
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 19, 1886
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): Rockland, Maine
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Carlton Abbott
14. MOTHER'S MAIDEN NAME: Lilla Buswell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Margaret Abbott Wife of deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 10 min

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1941, to ....., 19....., that I last saw the deceased alive on July, 1952, and that death occurred at 10-29-52, from the causes and on the date stated above.

SIGNATURE Hugh O. Hance (Degree or title) M.D. ADDRESS 1835 Eyest. N.W. Wash. D.C. DATE SIGNED 10-29-52

23. BURIAL, CREMATION, REMOVAL (Specify) Granite-Burial
DATE THEREOF 10-31-52
NAME OF CEMETERY OR CREMATORY Lincoln Center Cem.
LOCATION (City, town, or county) Lincoln (State) Maine

DATE REC'D BY LOCAL REGISTRAR 10/29/52
REGISTRAR'S SIGNATURE J. Wm Dodd
24. FUNERAL DIRECTOR S. H. Hines Co. ADDRESS Washington 9, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11616

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 2 mos. 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural give location): USS REINA MERCEDES ✓

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Francisco (Last) AMPLOYO

4. DATE OF DEATH: (Month) October (Day) 6, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 1, 1952

9. AGE last birthday: 00 yrs. IF UNDER 1 YEAR: Months 02 Days 05 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -

11. BIRTHPLACE (State or foreign country): Maryland - An. Ar. Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Francisco AMPLOYO

14. MOTHER'S MAIDEN NAME: Not known

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO
(If Yes, give war or dates of service): - - - -

16. SOCIAL SECURITY No.: - - - - - -

17. INFORMANT & ADDRESS: Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

75/X
Immediate cause (a) Hydrocephalus, congenital — Interval Between Onset And Death: 2 months
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Myelomeningocele. — 2+ months
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-1-52.

19b. MAJOR FINDINGS OF OPERATION: Ruptured myelomeningocele

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 19 52, to Oct. 6, 19 52, that I last saw the deceased alive on Oct. 6 19 52, and that death occurred at 5:50 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): E. P. Thelen — ADDRESS: E. P. THELEN, LCDR, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. — DATE SIGNED: Oct. 7, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct. 7, 1952

NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: Oct. 7, 1952

REGISTRAR'S SIGNATURE: Eric Whittington

24. FUNERAL DIRECTOR ADDRESS: Singleton Funeral Home, Glen Burnie, Maryland

VS. A15

2082191404

RECEIVED
OCT 14
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1617

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park.
STREET ADDRESS (If rural give location) 726 Boundary Ave.

3. NAME OF DECEASED: (Type or Print) (First) Wesley (Middle) Alexander (Last) Angelidis

4. DATE OF DEATH: (Month) October (Day) 25 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-24-52

9. AGE last birthday: yrs. 1 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Daniel Angelidis

14. MOTHER'S MAIDEN NAME: Effie ORKA Thomas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Records - Wash. San. + Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.3

Immediate cause (a) Anoxia — Interval Between Onset And Death: 30 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Patent foramen ovale, partial atelectasis left lung
DUE TO (c) Prematurity

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-24, 1952, to 10-25, 1952, that I last saw the deceased alive on 10-25, 1952, and that death occurred at 10:25 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Arthur R. Bergman M.D. 8801 Colesville Rd., Silver Spring Md. 10-25-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF October 27 1952 | NAME OF CEMETERY OR CREMATORY Sligo Washington Cemetery | LOCATION (City, Town, or county) Riggs Road Hyattsville (State) Md

DATE REC'D BY LOCAL REGISTRAR Oct-27-1952 | REGISTRAR'S SIGNATURE F. Stelling Dodd

24. FUNERAL DIRECTOR J. Arthur Walters ADDRESS 254 Carroll St. N.W. Takoma Park 12, D.C.

20023324 64

VS. A15

RECEIVED
OCT 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11618

CERTIFICATE OF DEATH

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clagettsville
LENGTH OF STAY (In this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. Monrovia

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clagettsville
STREET ADDRESS (If rural, give location) R.F.D. Monrovia

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Vernon (Last) Baker

4. DATE OF DEATH: (Month) October (Day) 25 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 5, 1886

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor - Damascus Elementary School

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Damascus, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John T. Baker

14. MOTHER'S MAIDEN NAME: Caroline Mullinix

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 218-30-7634

17. INFORMANT AND ADDRESS: Mrs James V. Baker, Monrovia, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	1 day.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	6 years
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 7, 1946, to October 25, 1952, that I last saw the deceased alive on October 25, 1952, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE: James P. Kerr (Degree or title) M.D. ADDRESS Damascus, Md. DATE SIGNED October 27, 1952

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: Oct. 28-52

NAME OF CEMETERY OR CREMATORY: Montgomery Chapel

LOCATION (City, town, or county) (State): Clagettsville, Md.

DATE REC'D BY LOCAL REG. 10/27/52

REGISTRAR'S SIGNATURE: Della N. Burdette

24. FUNERAL DIRECTOR ADDRESS: Olin L. Molesworth, Damascus, Md.

RECEIVED
OCT 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11619

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bethesda | LENGTH OF STAY (in this place) 6 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 500 North West Drive.

3. NAME OF DECEASED: (Type or Print) (First) Marion (Middle) Flemmy (Last) Bamhart

4. DATE OF DEATH: (Month) Oct. (Day) 19 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Nov 30, 1897 | 9. AGE last birthday: 54 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country): Pittsburg Penna. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harold D. Miller | 14. MOTHER'S MAIDEN NAME: Katherine Kraemer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: Mr. D.C. Bamhart 500 North west Dr Silver Spring, Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
443x Immediate cause	(a) Cerebral Hemorrhage	8 hours.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertensive Heart Disease	—
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1/50, 19..., to 10/19..., 1952, that I last saw the deceased alive on 10/19..., 1952, and that death occurred at 8 5-0 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Marion Bamhart M.D. | ADDRESS 9541 Col. Blvd. Silver Spring Md | DATE SIGNED 10/19/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 10/22/52 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery | LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR 10/23/52 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Warner E. Pumphrey | ADDRESS 8434 Ga. Ave. Silver Spring, Md.

RECEIVED
OCT 28 1952
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

320

Reg. Dist. No. 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4912 Hampden Lane

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 4912 Hampden Lane

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
EMILY	N.	BAUSKETT	October 6, 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	Oct. 24, 1860	85 yrs.	11	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. - Clerk	U.S. Gov't.	Maryland	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Bauskett	Helen V. Niernsee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs Katherine Calhoun-Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)		
153K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Cancer of Colon	1 year
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

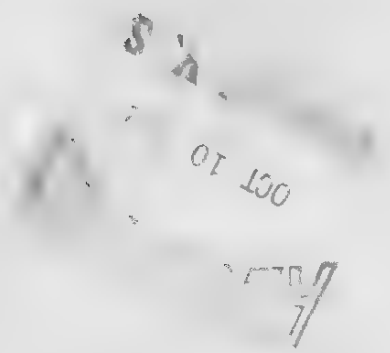
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11/17, 1951, to 10/6, 1952, that I last saw the deceased alive on 9/29, 1952, and that death occurred at 315 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
I. L. Markey M.D.		6306 Wisconsin Ave	10/6/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/9/52	St. John's Cem.	Forest Glen Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/8/52	[illegible]	Robert H. Humphrey	Bethesda, Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 3½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D-C
STREET ADDRESS (If rural give location) 438 Emerson St. N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) Mattie (Middle) Mary Martha (Last) Belfield
4. DATE OF DEATH: (Month) 10 (Day) 15 (Year) 1952

5. SEX: fe
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 3-18-71
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hsw
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Midland, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Heflin
14. MOTHER'S MAIDEN NAME: Susan Holden

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: old Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Left Cerebrovascular Hemorrhage
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension
DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/27, 1952 to 10-15, 1952 that I last saw the deceased alive on 10-14, 1952 and that death occurred at 4am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Dean H Harding MD ADDRESS 113 Carroll St NW Wash DC DATE SIGNED 10-15-52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Oct 18-1952 NAME OF CEMETERY OR CREMATORY Cedar Hill Cem LOCATION (City, town, or county) Pr. Georges Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct 15 1952 REGISTRAR'S SIGNATURE J. Milton Dodd
24. FUNERAL DIRECTOR The S. H. Hines Co ADDRESS 2901-14th St. N.W., Wash, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT 17 1952

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 10 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 10518 Summit Ave.

3. NAME OF DECEASED (Type or Print) (First) Mr. David (Middle) George (Last) Bisset

4. DATE OF DEATH (Month) 10 (Day) 1 (Year) 1952

5. SEX Male
6. COLOR OR RACE Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3-10-97
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Policeman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Takoma Park, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME David Bisset
14. MOTHER'S MAIDEN NAME Effie Saunders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Navy-W.W. 1
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Thoracic hemorrhage due to crushed chest. — Cerebral concussion — 9 hrs

825.9 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fracture rt & left forearm

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY street (CITY OR TOWN) Silver Spring (COUNTY) Montg (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 30-52 1:56 P.M.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 10-1-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/6/52
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REG. Oct 4-52
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Warren E. Pumphrey ADDRESS 8434 Ga. Avenue Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

OCT 7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 25

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 55 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 5604 - 43rd Ave. ✓

3. NAME OF DECEASED: (Type or Print) (First) Carl (Middle) Matthew (Last) Blanchard

4. DATE OF DEATH: (Month) 10 (Day) 29 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 18, 1895
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Wash. Suburban Sanitation Co.
11. BIRTHPLACE (State or foreign country): Massachusetts
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ernest Blanchard
14. MOTHER'S MAIDEN NAME: Lura Bruton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1st World War
16. SOCIAL SECURITY NO.: 216-22-0260
17. INFORMANT & ADDRESS: 5604-43rd Ave. Hyattsville Mrs. Edgar S. Bennett Jr. (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Myocardial scarring - left ventricle — Interval Between Onset And Death: several months
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary sclerosis and thrombosis — several months
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1-43, 19..., to 10-29-52, 19..., that I last saw the deceased alive on 10-28, 1952, and that death occurred at 1:10 A.M. from the causes and on the date stated above.
SIGNATURE John P. Clum (Degree or title) M.D. ADDRESS 6110 43rd Ave Hyattsville Md DATE SIGNED 10-29-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/3/52
NAME OF CEMETERY OR CREMATORY Arlington Nat'l Cem
LOCATION (City, town, or county) Arlington (State) Va
DATE REC'D BY LOCAL REGISTRAR 10/29/52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

LIBRARY V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colvesville Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mrs. Jolliffe Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2700 Sheraton St.

3. NAME OF DECEASED (Type or Print) (First) FOTENE (Middle) (Last) BOJOKLES
4. DATE OF DEATH (Month) 10 (Day) 22 (Year) 1952

5. SEX F
6. COLOR OR RACE U.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH [illegible]
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Pappagakos
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [illegible])
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchial pneumonia	5 days
45 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Parkinsonism (idiopathic)	Years
	(c) Generalized arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952 to Oct. 22, 1952 that I last saw the deceased alive on Oct. 20, 1952 and that death occurred at 6 30 A.m., from the causes and on the date stated above.

SIGNATURE John Rogers M.D. (Degree or title) ADDRESS 1009 Seminary Rd. Silver Spring Md. DATE SIGNED Oct. 22 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10.24.52
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Bladensburg, Md.

DATE REC'D BY LOCAL REG. 10/22/52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR W.W. Tattersall 3619-14th St. N.W. Wash. D.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12,314 Georgia Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 12,314 Georgia Ave.

3. NAME OF DECEASED (Type or Print): (First) Charley (Middle) H. (Last) Bonebrake
4. DATE OF DEATH: (Month) Oct. (Day) 17 (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	8/10/84	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (retired)
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Bonebrake
14. MOTHER'S MAIDEN NAME: Amanda Helman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS 12,314 Ga. Ave. Mrs. Theresa M. Bonebrake, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Aortic aneurysm, rupture of — Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) [redacted] aortic aneurysm — 1 year
(c) Arteriosclerotic Heart disease — 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

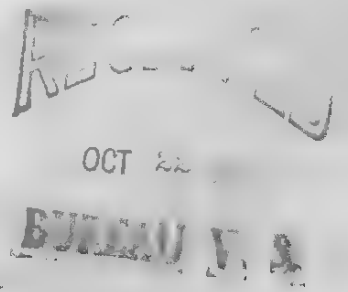
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-11, 1952, to 10-17, 1952, that I last saw the deceased alive on 10-16, 1952, and that death occurred at 12:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Morris Berry M.D. 11602 Georgia Ave; Silver Spring 10-17-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/20/52	Ft. Lincoln Cemetery	Prince Geo. County, Md.

DATE REC'D BY LOCAL REG. 10/21/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR — ADDRESS
[illegible] 8434 Ga. Ave. Silver Spring, Md.


OCT 22
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 20

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 2 mo 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Virginia — COUNTY: Alexandria
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Alexandria
STREET ADDRESS (If rural give location): 403 Belle View Blvd.

3. NAME OF DECEASED: (First) Florence (Middle) Reynard (Last) BORDEN
4. DATE OF DEATH: (Month) October (Day) 12, (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb. 18, 1887
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months 07 Days 24 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - -
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY? U.S.(N)

13. FATHER'S NAME: Samuel REYNARD
14. MOTHER'S MAIDEN NAME: Ellen FURLONG

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - -
16. SOCIAL SECURITY No.: - - - - - -
17. INFORMANT & ADDRESS: Son: Nathaniel B. BORDEN,

18. MEDICAL CERTIFICATION — same as item # 2

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
170X Immediate cause	(a) Carcinoma, metastatic, generalized	1 yr
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Carcinoma, rt. breast	11 yrs
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 7, 19 52, to Oct. 12, 19 52, that I last saw the deceased alive on Oct. 12, 19 52, and that death occurred at 11:09 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H. E. REITZ, CDR, MC, USN — U.S. NAVAL HOSPITAL, BETHESDA, MD. — Oct. 12, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct. 15, 1952
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: Oct. 12, 1952
REGISTRAR'S SIGNATURE: Edith Worthington
24. FUNERAL DIRECTOR ADDRESS: Hysong Funeral Home, 1300 N Street, NW, Washington, D. C.

VS. A15

OCT 15 1952

Item 18 & 21 Film G147 10-17-52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D. C.
STREET ADDRESS (If rural, give location): 240 - 8th St. S.E.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) A. (Last) BRASHEARS
4. DATE OF DEATH (Month) Oct. (Day) 9 (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 25 1871
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert L. Amery
14. MOTHER'S MAIDEN NAME: Emma D. Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Laura B Jones - 1408 8th St. S.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocardial degeneration

902.0 Antecedent cause (6) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of neck of right femur

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN) (COUNTY) (STATE): 1841 Summit Place, N.W. Wash. D.C.
TIME OF INJURY (Month) (Day) (Year) (Hour): 5-13-52 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fell out of bed.

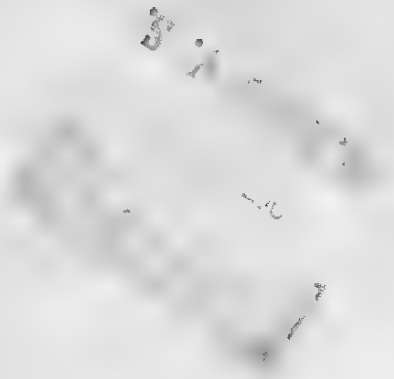
22. I hereby certify that I attended the deceased from Nov., 19 46, to Oct. 9, 19 52, that I last saw the deceased alive on Oct. 9, 19 52, and that death occurred at 11 15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Siegfried Speyer, M.D. ADDRESS: 900-17th St. N.W. Washington D.C. DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify):
DATE THEREOF: 10-11-52
NAME OF CEMETERY OR CREMATORY: Congressional
LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 10/10/52
REGISTRAR'S SIGNATURE: Frances Cotter

24. FUNERAL DIRECTOR: Lee Funeral Home ADDRESS:



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Twin 28 lbs 4 oz 2 lbs 7 oz

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 5423 Roosevelt St

3. NAME OF DECEASED: (Type or Print) (A) (First) Baby (Middle) Boy (Last) Brenneman

4. DATE OF DEATH: (Month) Oct (Day) 26 (Year) 1952

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: October 24 1952

9. AGE last birthday: — yrs. IF UNDER 1 YEAR: Months — Days 2 IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Paul Brenneman

14. MOTHER'S MAIDEN NAME: Louise May Jackson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Father — Same as Above

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7767

Immediate cause (a) Prematurity

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 24, 19..., to Oct 26, 1952, that I last saw the deceased alive on Oct 26, 1952, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 10/27/52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 10/28/52 NAME OF CEMETERY OR CREMATORY Suburban Hospital LOCATION (City, town, or county) Bethesda (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10/28/52 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Amelia Manzy Supt. ADDRESS

VS. A15

2102303281

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11 29

CERTIFICATE OF DEATH

Reg. Dist. No. 216

TWIN – 28 wks Lot. 2lbs 12oz.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 1½ days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 5423 Roosevelt St

3. NAME OF DECEASED: (Type or Print) (First) (B) Baby (Middle) Boy (Last) Brennaman

4. DATE OF DEATH: (Month) Oct (Day) 26 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: October 24th 1952

9. AGE last birthday: — yrs. IF UNDER 1 YEAR: Months — Days 1½ IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Paul Brenneman

14. MOTHER'S MAIDEN NAME: Louise Mary Jackson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Father – Same as above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Prematurity — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 24, 1952, to Oct 26, 1952, that I last saw the deceased alive on Oct 25, 1952, and that death occurred at 1:25 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 10/27/52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 10/28/52 NAME OF CEMETERY OR CREMATORY Suburban Hospital LOCATION (City, town, or county) Bethesda (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10/28/52 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Amelia Manry, Supt. ADDRESS

2102304281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15:

OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 6½ hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg. County Gen. Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) May (Middle) Belle (Last) Briggs

4. DATE OF DEATH: (Month) Oct. (Day) 23 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct. 3, 1887

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Nellie Gresham - Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intra-cranial hemorrhage	9 hours
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension - Cardio - Vascular Renal disease	6 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1949, to Oct. 23, 1952 that I last saw the deceased alive on Oct. 23, 1952 and that death occurred at 8 45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Jack Schumacher M.D. Gaithersburg Md. Oct. 25, 52

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE THEREOF: Oct. 27-52
NAME OF CEMETERY OR CREMATORY: Forestook
LOCATION (City, town, or county) (State): Gaithersburg

DATE REC'D BY LOCAL REG. 10-25-52
REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR: Roy W. Barber
ADDRESS: Laytonsville

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

OCT
RUTLAND V.T.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville | LENGTH OF STAY (in this place) 60
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland | COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Elizabeth (Last) Brooks

4. DATE OF DEATH (Month) Oct (Day) 16 (Year) 1952

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single | 8. DATE OF BIRTH May 17 - 1892 | 9. AGE last birthday 60 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home keeper - | 10b. KIND OF BUSINESS OR INDUSTRY Private home | 11. BIRTHPLACE (State or foreign country) Poolesville Md | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Lewis F Brooks | 14. MOTHER'S MAIDEN NAME Mary Silten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT AND ADDRESS Harold Brooks, Poolesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinomatosis, generalized	40 days
1744 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Uterus, type undetermined	3 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1952, to October, 1952, that I last saw the deceased alive on 16 Oct., 1952, and that death occurred at 11:45 A.m., from the causes and on the date stated above.

SIGNATURE Gordon M Smith | (Degree or title) M.D | ADDRESS Barnesville, Md | DATE SIGNED 16 Oct 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct 16-52 | NAME OF CEMETERY OR CREMATORY Monocacy | LOCATION (City, town, or county) (State) Beallsville, Md

DATE REC'D BY LOCAL REG. 10/17/52 | REGISTRAR'S SIGNATURE Chas. Elgin | 24. FUNERAL DIRECTOR William B. Hilton | ADDRESS Barnesville, Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 52

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 4 ½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital Takoma Park. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 2901 Connecticut Ave NW. ✓

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) Ethel (Last) Brown.

4. DATE OF DEATH: (Month) October (Day) 9. (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 9, 1911

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Teacher. - School

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pittsfow Penn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Howard S. Brown Sr.

14. MOTHER'S MAIDEN NAME: Ellamea Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records, Washington San. & Hosp.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) DUE TO Gen. abdominal carcinomatosis — 4 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Primary carcinoma of some (colon?) intra-abdominal organ, undetermined ?

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. — Jaundice

19a. DATE OF OPERATION: 7-22-52

19b. MAJOR FINDINGS OF OPERATION: General abdominal carcinomatosis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-18-, 1952, to 10-9-, 1952, that I last saw the deceased alive on 10-8-, 1952, and that death occurred at 5:05 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Reade Calvert M.D. ADDRESS 7894 Ga Ave., Silver Spring Md. DATE SIGNED 10-9-52

26. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Oct 11, 1952

NAME OF CEMETERY OR CREMATORY Memorial Shrine Cemetery

LOCATION (City, town, or county) Wyoming Luzerne County (State) Pa.

DATE REC'D BY LOCAL REGISTRAR Oct 9 1952

REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR J. Arthur Walters, ADDRESS 254 Carroll St. NW Takoma Park. DC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md. — LENGTH OF STAY (in this place) 1 hr. 40 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 8517 Flower Ave.

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) Elliot (Last) Burch

4. DATE OF DEATH: (Month) 10 (Day) 14 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-15-1899

9. AGE last birthday: 52 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Navy Yard

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gubel Burch

14. MOTHER'S MAIDEN NAME: Elizabeth

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No:

17. INFORMANT & ADDRESS: Wife 8517 Flower Ave. Tk. Pk. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Anoxia associated with pulmonary emphysema and edema — Hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Pneumonitis and bronchopneumonitis, acute — DUE TO (c) and subacute, type undetermined — 6 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 9, 1952, to Oct. 14, 1952, that I last saw the deceased alive on Oct. 14, 1952, and that death occurred at 11:05 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Walter R. Monk M.D. — 7701 Carroll Ave, Takoma Park, Md. — 10-14-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct. 17th 1952 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cem. — LOCATION (City, town, or county) Prince Georges Co. — (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct 15-1952 — REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll Ave Takoma Park DC — ADDRESS

VS. A15

OCT 17 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 241

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH (Month) [illegible] (Day) [illegible] (Year) 19 [illegible]

5. SEX [illegible]

6. COLOR OR RACE [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]

8. DATE OF BIRTH [illegible]

9. AGE last birthday [illegible] yrs. If under 1 year Months [illegible] Days [illegible] If under 24 hrs. Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]

10b. KIND OF BUSINESS OR INDUSTRY [illegible]

11. BIRTHPLACE (State or foreign country) [illegible]

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible]

14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible]
(If yes, give war or dates of service) [illegible]

16. SOCIAL SECURITY NO. [illegible]

17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease — 4 years

420.1

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) [illegible]
(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION [illegible]

19b. MAJOR FINDINGS OF OPERATION [illegible]

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) [illegible]

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY [illegible]

(CITY OR TOWN) [illegible] (COUNTY) [illegible] (STATE) [illegible]

TIME OF INJURY (Month) [illegible] (Day) [illegible] (Year) [illegible] (Hour) [illegible] m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? [illegible]

22. I hereby certify that I attended the deceased from January 19, 1948, to October 20 19 52 that I last saw the deceased alive on October 20, 1952, and that death occurred at 11:40 P. m., from the causes and on the date stated above.

SIGNATURE James P. Kerr (Degree or title) M. D. ADDRESS Damascus, Md DATE SIGNED 10/22/52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]

DATE THEREOF [illegible]

NAME OF CEMETERY OR CREMATORY [illegible]

LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REG. Oct 29 1952

REGISTRAR'S SIGNATURE Dora V. Burdette

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barnesville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barnesville
STREET ADDRESS (If rural, give location) Dickerson R.F.D.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Milton	L. &	Burdette	Oct	21	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	Married	2-3-1902	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Burdette	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	215-18-0391	Sadie M. Burdette, Barnesville Md

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture of cervical Vertebrae	1½ hrs
835.4 Antecedent cause(s) Disease or condition, if any, giving rise to the above cause stating the underlying cause last	(b) With Trauma of cord	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Farm	Barnesville	Monty	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR?
Oct 21-52 2 P m.		Fell from tractor wagon

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broshart	M.D.	Gaithersburg, Md	10-21-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10-24-52	Methodist Cemetery	Poolesville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-23-52	Charles H. Elgin per Dft.	W. B. Hilton	Barnesville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 36

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 15 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 908 Midland Rd.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Frederick (Last) Burkhardt
4. DATE OF DEATH: (Month) 10 (Day) 17 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 9-6-88
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired - Sales Agent - self employed
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Holyoke Mass.
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Max G. Burkhardt
14. MOTHER'S MAIDEN NAME: Mary Verbeck

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Old record & son-in-law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 3?/X (a) cerebral hemorrhage in pons — Interval Between Onset And Death 12 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) hypertension; hypertensive cardio- — years.
DUE TO (c) vascular disease -

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10, 1952, to 10/17, 1952, that I last saw the deceased alive on 10/16, 1952, and that death occurred at 6 30 AM, from the causes and on the date stated above.

SIGNATURE Frederic (Degree or title) Brennwald M.D. ADDRESS Takoma Park, Md DATE SIGNED 10/17/52

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 10/17/52
NAME OF CEMETERY OR CREMATORY Ft Lincoln Crematory
LOCATION (City, town, or county) (State) Pr Geo Cty Maryland
DATE REC'D BY LOCAL REGISTRAR Oct 17 1952
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Warner E Pumphrey ADDRESS 8434 Ga Ave Silver Spring Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3.

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 3 weeks, 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 5507 York Lane

3. NAME OF DECEASED: (Type or Print) (First) Marie (Middle) Sweeney (Last) Burklin
4. DATE OF DEATH: (Month) Oct. (Day) 23 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 3, 1899
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Statistician
10b. KIND OF BUSINESS OR INDUSTRY: U.S.P.H.
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Terence H. Sweeney
14. MOTHER'S MAIDEN NAME: Lavinia Place

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Robert M. Burklin - Item # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Carcinoma of liver + -
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Entire Gastro intestinal Tract -
DUE TO
(c) Carcinoma of the Cervix.

Interval Between Onset And Death: 11 months; 14 months

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 30 Nov 1951.
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of part of Cervix.
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1951, to 23 Oct., 1952, that I last saw the deceased alive on 22 Oct., 1952, and that death occurred at 12:20 P.M., from the causes and on the date stated above.

SIGNATURE John G. Ball (Degree or title) M.D. ADDRESS 7936 Georgetown Rd Bethesda Md DATE SIGNED 23 Oct 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 27, 1952
NAME OF CEMETERY OR CREMATORY Ft. Lincoln
LOCATION (City, town, or county) (State) Prince George Co., Md.
DATE REC'D BY LOCAL REGISTRAR 10/25/52
REGISTRAR'S SIGNATURE Bessie M. [illegible]
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT 28 1952

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH — COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) WEBB (Last) BURNS

4. DATE OF DEATH (Month) 10 (Day) 19 (Year) 1952

5. SEX [illegible]

6. COLOR OR RACE [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]

8. DATE OF BIRTH [illegible]

9. AGE last birthday [illegible] yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]

10b. KIND OF BUSINESS OR INDUSTRY [illegible]

11. BIRTHPLACE (State or foreign country) [illegible]

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible]

14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Coronary Occlusion c — 30 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Infarction

(c) Arteriosclerotic Heart Disease — Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to Oct 20, 1952, that I last saw the deceased alive on Oct. 19, 1952, and that death occurred at 9 35 a m., from the causes and on the date stated above.

SIGNATURE Jack Schumacher (Degree or title) M.D. ADDRESS Bartlesburg, Md DATE SIGNED Oct. 20, 1952

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF [illegible] — NAME OF CEMETERY OR CREMATORY [illegible] — LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. Oct. 21, 1952 — REGISTRAR'S SIGNATURE Della N. Brodette

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda — LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9507 Milstead Drive	STREET ADDRESS (If rural, give location) 9507 Milstead Drive

3. NAME OF DECEASED (Type or Print)	(First) Eleanor	(Middle) Martha	(Last) CALDWELL	4. DATE OF DEATH	(Month) October (Day) 11 (Year) 1952
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9/12/1894	9. AGE last birthday 58 yrs.	If under 1 year Months 0 Days 29 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Massachusetts	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME JAMES CORRIGAN	14. MOTHER'S MAIDEN NAME ? Lukins				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Niel G. Caldwell - Same Item #2			

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
156.1 Immediate cause	(a) Carcinoma of liver with metastasis	2 yr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J Bronhart	M.D.	Gaithersburg Md	10-14-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 10/15/1952	NAME OF CEMETERY OR CREMATORY Arlington National	LOCATION (City, town, or county) Arlington (State) Virginia
DATE REC'D BY LOCAL REG. 10/15/52	REGISTRAR'S SIGNATURE Bessie M. Thompson	24. FUNERAL DIRECTOR Robert A. Pumphrey	ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Rockville
LENGTH OF STAY (in this place) 1yr.-2-mo.17-days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waverley Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Prince William
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manassas
STREET ADDRESS (If rural, give location) none ✓

3. NAME OF DECEASED (Type or Print): (First) Sallie (Middle) Miller (Last) Clark
4. DATE OF DEATH: (Month) Oct. (Day) 31 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 18-1857
9. AGE last birthday: 95 yrs. — If under 1 year: Months 9, Days 13 — If under 24 hrs.: Hours —, Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Her home.
11. BIRTHPLACE (State or foreign country): Washington, Virginia
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13. FATHER'S NAME: Thomas Holtzman
14. MOTHER'S MAIDEN NAME: Sarah Miller Holtzman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: — — —
17. INFORMANT AND ADDRESS: Mrs. Margaret Doing

18. MEDICAL CERTIFICATION 3001-

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic myocardial insufficiency	One Year
592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerosis	4 years
	(c) Chronic interstitial nephritis	Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Cerebral Hemorrhage — 2 months 24 days

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

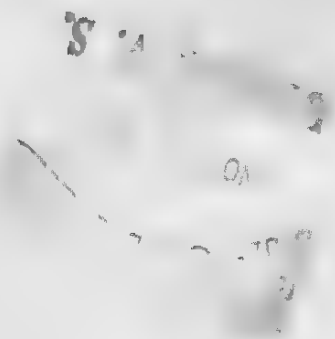
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15-, 1952, to Oct. 31, 1952, that I last saw the deceased alive on Oct. 31-, 1952, and that death occurred at 2.30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wheeler O. Huff M.D. — ADDRESS: 4529 Maple Ave. Bethesda 14 Md. — DATE SIGNED: Oct 31-1952

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: 11-3-52 — NAME OF CEMETERY OR CREMATORY: Mt Olivet — LOCATION (City, town, or county) (State): Winchester Va.

DATE REC'D BY LOCAL REG. 11/1/52 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR / ADDRESS: [illegible]



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedarcroft Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 4087 Minnesota Ave., N.E.

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) Carrol (Last) Clarke
4. DATE OF DEATH (Month) 10 (Day) 6 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5/22/13
9. AGE last birthday 39 yrs. If under 1 year Months 4 Days 14 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, D C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ernest M. Will
14. MOTHER'S MAIDEN NAME Catherine O.Barnitz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs. Catherine O. Reeves, 5800 Rittenhouse E. Riverdale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Post operative hemorrhage following Transorbital Lobotomy

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Dementia Praecox Paranoid type

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 10/4/52
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/4, 1952, to 10/6, 1952, that I last saw the deceased alive on 10/6/, 1952, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

SIGNATURE Richard B. Thibadeau (Degree or title) MD ADDRESS Cedarcroft San. DATE SIGNED 10/6-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 10/9/52 NAME OF CEMETERY OR CREMATORY Mt Olivet LOCATION (City, town, or county) Blackensburg Md (State) NE

DATE REC'D BY LOCAL REG. 10/01 REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR J Wm Lee Sons ADDRESS 300 4th St N.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tokoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash San + Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 3315 Wisconsin Ave N.W.

3. NAME OF DECEASED: (Type or Print) (First) May (Middle) Belle (Last) Clarke

4. DATE OF DEATH: (Month) October (Day) 7 (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: 10-7-79
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Gov. W
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY? Amer

13. FATHER'S NAME: Fremont Claflin
14. MOTHER'S MAIDEN NAME: Ida Gould

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Hospital Record Tokoma Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) ~~Cerebral~~ Cerebral Hemorrhage floor of left ventricle & Base of Brain — Interval Between Onset And Death 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral arteriosclerosis & Hypertension — Over 4 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Oct 7, 1952, that I last saw the deceased alive on Oct 7, 1952, and that death occurred at Oct 7, 1952 @ 6:40 pm, from the causes and on the date stated above.

SIGNATURE Warren Bill M.D. (Degree or title) 2601-16th St. N.W. D.C. ADDRESS Wash. DATE SIGNED Oct. 7, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/11/52
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REGISTRAR 10/8/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gasch's sons Hyattsville Md. ADDRESS

20/9/52 J. Milton Dodd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; LENGTH OF STAY (in this place) 4 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY [illegible]; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookeville; STREET ADDRESS (If rural, give location) R # 1

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Joseph (Last) Conroy, Sr.

4. DATE OF DEATH: (Month) October (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/6/1874

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Plasterer

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Conroy

14. MOTHER'S MAIDEN NAME: Ellen Casey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 052-18-7810

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic psychoneurosis	1 yr
	(c) Prostatic hypertrophy	5 yrs

610 X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19.52, to Oct 8, 19.52, that I last saw the deceased alive on Oct 8, 19.52, and that death occurred at 8:45 P m., from the causes and on the date stated above.

SIGNATURE: A. D. Bonifant (Degree or title) M. D. ADDRESS: Sandy Spring Md. DATE SIGNED: 10/8/52

23. BURIAL, CREMATION REMOVAL (Specify): Trans. & Burial; DATE THEREOF: 10/11/52; NAME OF CEMETERY OR CREMATORY: Madonna Cemetery; LOCATION (City, town, or county) (State): Fort Lee, New Jersey

DATE REC'D BY LOCAL REG. 10/14/52; REGISTRAR'S SIGNATURE: Gertrude Lawler

24. FUNERAL DIRECTOR: [illegible] ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 2 months 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Copeland

4. DATE OF DEATH: (Month) October (Day) 5 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4.14.06

9. AGE last birthday: 45 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Hand

10b. KIND OF BUSINESS OR INDUSTRY: Dig work

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Henry Copeland

14. MOTHER'S MAIDEN NAME: Rose Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-18-7711

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

41½ x

Immediate cause (a) Embolism, pulmonary

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease, mural thrombus

(c)

INTERVAL BETWEEN ONSET AND DEATH: Minutes / Hrs. / Days / Years: Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr., 1948, to Oct. 5, 1952, that I last saw the deceased alive on Oct. 5, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE: Jack Shumacher (Degree or title) M. D. ADDRESS Gaithersburg, Md. DATE SIGNED Oct. 6, 1952.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct 7 1952

NAME OF CEMETERY OR CREMATORY: Brookeside

LOCATION (City, town, or county) (State): Laytonsville Md

DATE REC'D BY LOCAL REG. 10-7-52

REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR: Roy W Baker Laytonsville Md ADDRESS

SACRED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. — LENGTH OF STAY (in this place) 10 1/2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 1100 Dale Drive.

3. NAME OF DECEASED: (Type or Print) (First) Mr. (Middle) Hyman (Last) Cramer.

4. DATE OF DEATH: (Month) 10 (Day) 23 (Year) 1952.

5. SEX: Male

6. COLOR OR RACE: Jewish

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 9-18-79

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Grocer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isaac Cramer.

14. MOTHER'S MAIDEN NAME: Anna Jacobson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Records - Washington Sanitarium & Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0
Immediate cause (a) cardiac failure — several weeks
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) arteriosclerotic heart disease — years
DUE TO
(c) malnutrition — 1/2-1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/12, 1952, to 10/23, 1952, that I last saw the deceased alive on 10/22, 1952, and that death occurred at 4.03 P.M., from the causes and on the date stated above.

SIGNATURE Frederic Brunwell (Degree or title) M.D. ADDRESS Takoma Park, Md. DATE SIGNED 10/23/52

23. BURIAL, CREMATION, REMOVAL (Specify) Interment Burial — DATE THEREOF Oct 24 '52 — NAME OF CEMETERY OR CREMATORY Adas Shalom — LOCATION (City, town, or county) Hillsborough (State) Pa

DATE REC'D BY LOCAL REGISTRAR Oct 23-1952 — REGISTRAR'S SIGNATURE J. Helm Dodd

24. FUNERAL DIRECTOR ADDRESS Goldberg Funeral Home Wash. D.C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4514 Chestnut Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4514 Chestnut Street

3. NAME OF DECEASED (Type or Print): (First) CARRIE (Middle) M. (Last) CRANDALL

4. DATE OF DEATH: (Month) Oct. (Day) 31 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 10/27/1868

9. AGE last birthday: 84 yrs. — If under 1 year: Months 0, Days 4 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Dayton, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Reese

14. MOTHER'S MAIDEN NAME: Liza Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Ralph Crandall-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic Heart Disease	10 yrs.
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, general	15 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 30, 1948, to Oct. 31, 1952, that I last saw the deceased alive on Oct. 31, 1952, and that death occurred at 11:25 p.m., from the causes and on the date stated above.

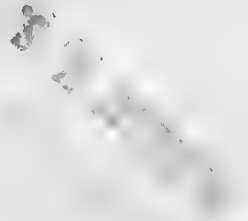
SIGNATURE: Leo M. Curtis — (Degree or title) M. D. — ADDRESS 5707 Wisconsin Ave, Chevy Chase, Md. — DATE SIGNED Nov. 1, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/1/52 — NAME OF CEMETERY OR CREMATORY: Brookdale — LOCATION (City, town, or county) (State): Lorrain Co. Ohio

DATE REC'D BY LOCAL REG. 11/3/52 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Roberts A. Pumphrey — ADDRESS: Bethesda, Md.

VS-A15



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: North Carolina — COUNTY: Onslow
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jacksonville, Rural
STREET ADDRESS (If rural give location): Box 32, Route # 3 ✓

3. NAME OF DECEASED: (First) Ronny (Middle) Mason (Last) CUPPLES

4. DATE OF DEATH: (Month) October (Day) 19, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 18, 1952

9. AGE last birthday: 00 yrs. IF UNDER 1 YEAR: Months 00, Days 01 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - - -

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward M. CUPPLES

14. MOTHER'S MAIDEN NAME: Barnara J. SMITH

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO
(If Yes, give war or dates of service): - - - -

16. SOCIAL SECURITY No.: - - - - - - - - -

17. INFORMANT & ADDRESS: Father: Edward M. CUPPLES, same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) SUBARACHNOID HEMORRHAGE — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. CONGENITAL ATRASIA, ESOPHAGUS & PREMATURITY

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 18, 1952, to Oct 19, 1952, that I last saw the deceased alive on Oct 19, 1952, and that death occurred at 2:47 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. E. TEBOW, CDR, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. October 20, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 22, 1952 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: Oct. 20, 1952 — REGISTRAR'S SIGNATURE: Cecil T. Willington

24. FUNERAL DIRECTOR — ADDRESS: Robert A. Pumphrey, 7557 Wisconsin Avenue, Bethesda, Maryland

9V0294V99V

VS. A15

RECEIVED
OCT 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: MONTGOMERY

City or town: TAKOMA PARK (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr. 3 mo.

Hospital, institution, or street address where death occurred: 7907 Garland Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: MARYLAND County: MONTGOMERY

City or town: TAKOMA PARK (If outside city or town limits, write RURAL and give nearest town)

Street No. 7907 GARLAND AVE (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: JAMES IRVING CURTIN

3.(b) Social Security Number: 577-12-3241

4. Sex: Male

5. Color or race: WHITE

6.(a) Single, married, widowed, or divorced: MARRIED

6.(b) Name of husband or wife: CATHERINE KEARNS CURTIN

6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): APRIL 17 1884

8. AGE: Years: 68 Months: 6 Days: 1 If less than one day: ... hrs. ... min.

9. Birthplace: CENTERVILLE, MD (Town, county, and state)

10. Usual occupation: ~~XXXXXXXXXX~~ Printer Painter

11. Industry or business: Self employed - Retired

FATHER

12. Name: John Curtin

13. Birthplace: Maryland

MOTHER

14. Maiden name: Elizabeth Virginia Kidwell

15. Birthplace: Maryland

16. Informant: Mrs. Catherine V. Curtin

Address: 7907 Garland Ave., Takoma Park, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 10/21/52 (month) (day) (year)

Cemetery or crematory: National Memorial Park

Location: Falls Church, Virginia

18. Funeral director: Wagner & Dunphrey

Address: 8434 Georgia Ave. Silver Spring, Md.

19. Oct 22 1952 (Date rec'd by registrar) J. Dickson Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: OCTOBER 18 1952 at 7:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1952 to Oct 18 1952

and that I last saw h. alive on Oct 18 1952

Immediate cause of death	DURATION
CARCINOMATOSIS	
Due to: CARCINOMA OF STOMACH	
Due to:	
Other conditions: 151 (Include pregnancy within 3 months of death)	

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D., or other

Address: Date signed 10-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown, R.F.D.
LENGTH OF STAY (in this place): 86 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown, RFD
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Thomas Chiswell Darby
4. DATE OF DEATH (Month) (Day) (Year): Oct 15 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 7/8/1866
9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Active Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Lawrence Darby
14. MOTHER'S MAIDEN NAME: Sallie Chiswell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Miss Valeria Darby, Germantown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral thrombosis	3 days.
232X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	5 years.
	(c) Hypertension & Left hemiplegia	c) 2 years D) 3 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to 15 Oct, 1952, that I last saw the deceased alive on 15 Oct, 1952 and that death occurred at 8:20 A m., from the causes and on the date stated above.

SIGNATURE: John G. Fawcett (Degree or title): M.D. ADDRESS: Boyd, Md. DATE SIGNED: 15 Oct '52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Oct. 18, 52
NAME OF CEMETERY OR CREMATORY: Monocacy
LOCATION (City, town, or county) (State): Beallsville, Md
DATE REC'D BY LOCAL REG.: Oct. 16, 1952
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: William B. Hilton — ADDRESS: Barnesville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Monigomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 11 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monigomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 5901 Rolsion Rd

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Dassoulas
4. DATE OF DEATH: (Month) Oct (Day) 22 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Oct 22-52
9. AGE last birthday: ✓ yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 11 Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Dassoulas
14. MOTHER'S MAIDEN NAME: Adelle Feller.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: 5901 Rolsion Rd. Bethesda Md. Father John Dassoulas

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

921.0

Immediate cause (a) Asphyxia from aspiration of Stomach Contents — Interval Between Onset And Death 30 min.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity (approx 25 weeks)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/22, 1952, to 10/22, 1952, that I last saw the deceased alive on 10/22, 1952, and that death occurred at 2 15 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M D ADDRESS 6900 Wisconsin Ave Chevy Chase Md DATE SIGNED 10/24/52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 10/28/52 NAME OF CEMETERY OR CREMATORY Suburban Hospital LOCATION (City, town, or county) (State) Bethesda, Maryland

DATE REC'D BY LOCAL REGISTRAR 10/29/52 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR Amelia Manry, Supt. ADDRESS

2002241281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

OCT 31 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY MONTGOMERY — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROCKVILLE — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. F. D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY MONTG.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROCKVILLE
STREET ADDRESS (If rural give location) R. F. D. #1

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) IRVIN (Last) DAVIS
4. DATE OF DEATH: (Month) OCT (Day) 23 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: MAY 28, 1874
9. AGE last birthday: 78 yrs. — If under 1 year: Months 4 Days 29 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: STORE OWNER
11. BIRTHPLACE (State or foreign country): INDIANA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: VINCENT DAVIS
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: ELVA M. DAVIS - SAME AS #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion.	9 hours.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 years
	(c) Diabetes Mellitus	2 years

260 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No X

21. ACCIDENT SUICIDE HOMICIDE (Specify): None
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1948, to 2, 1952, that I last saw the deceased alive on 23 Oct, 1952, and that death occurred at 3:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John G. Fawcett M.D. Rayd 24 Oct 52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: 10/25/52 — NAME OF CEMETERY OR CREMATORY: MT. ZION CEM. — LOCATION (City, town, or county) (State): BETHESDA MARYLAND

DATE REC'D BY LOCAL REG. 10-24-52 — REGISTRAR'S SIGNATURE: Helen C. Echenfelder per L.V.A.

24. FUNERAL DIRECTOR: Robert W. Pumphrey — ADDRESS: BETHESDA, MD.

VS. A15

OCT
BUREAU V. S

Item 9 FilmG148 10/31/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Pk.
LENGTH OF STAY (in this place) 14 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY PRINCE GEORGES
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brentwood.
STREET ADDRESS (If rural give location) 4323-40th St.

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Jane (Last) Day
4. DATE OF DEATH: (Month) 10 (Day) 22 (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: 10-9-77
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Loudoun Co. Va.
12. CITIZEN OF WHAT COUNTRY? American
13. FATHER'S NAME: Stewart Gray
14. MOTHER'S MAIDEN NAME: Marie Gould
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450,0

Immediate cause (a) [illegible]

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) [illegible]

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to 10-22, 1952, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] ADDRESS Washington DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible]
DATE THEREOF [illegible] 1952
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) (State) Gaithersburg Md

DATE REC'D BY LOCAL REGISTRAR Oct 22-1952
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible]
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
MARYLAND
LENGTH OF STAY (In this place): D. D. A
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 4847 Cordell Ave.

3. NAME OF DECEASED (Type or Print): (First) Gladys (Middle) L (Last) DeLarco

4. DATE OF DEATH: (Month) Oct (Day) 3 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-27-'07

9. AGE last birthday: 45 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William E. Lucas

14. MOTHER'S MAIDEN NAME: Edith K. Grove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: John J. DeLarco-same as item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock due to Insulin — 4 hrs

260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus — 16 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Fred J. Brocato (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 10-3-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10-6-52 | NAME OF CEMETERY OR CREMATORY: Rockville Union | LOCATION (City, town, or county) (State): Rockville, Md.

DATE REC'D BY LOCAL REG. 10/6/52 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Robert A Bumphrey ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

OCT 8 1932

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1103

Reg. Dist. No. 2-16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pineview Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Washington D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1921 Kalorama Rd. N.W.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) J. (Last) Eber

4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1952 19

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single | 8. DATE OF BIRTH 4-17-'63 | 9. AGE last birthday 89 yrs. | If under 1 year Months 5 Days 27 | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Salesman-Ret. | 10b. KIND OF BUSINESS OR INDUSTRY Rahn Shoe Store | 11. BIRTHPLACE (State or foreign country) Washington, D.C. | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Conrad E. Eber | 14. MOTHER'S MAIDEN NAME Sophie Aigler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 577-18-1081 A | 17. INFORMANT AND ADDRESS Carolyn Eber- Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval between onset and death: 2 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-vascular-renal disease — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pernicious Anemia

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

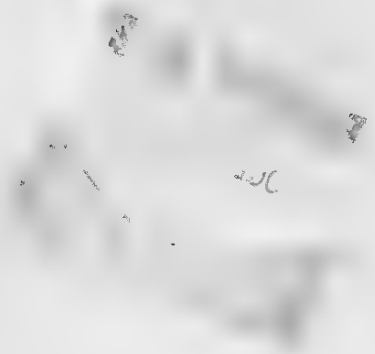
22. I hereby certify that I attended the deceased from Jan. 46, to Oct. 14, 52, that I last saw the deceased alive on Sept 27, 1952, and that death occurred at 5:10 A m., from the causes and on the date stated above.

SIGNATURE Stewart Clapp (Degree or title) M. D. ADDRESS 3921 Ingomar St. N.W. Wash 2C. DATE SIGNED Oct 14 '52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Oct. 16, 1952 | NAME OF CEMETERY OR CREMATORY Prospect Hill | LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. 10/15/52 | REGISTRAR'S SIGNATURE Jessie M. Thompson | 24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

Montgomery County Registry



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 655

CERTIFICATE OF DEATH

Reg. Dist. No. 15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling of each name is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 9 hr. 22 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Montgomery
STATE: Maryland
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural give location): 4501 Rosedale Avenue

3. NAME OF DECEASED: (Type or Print) (First): (none) (Middle): (none) (Last): ELY

4. DATE OF DEATH: (Month) (Day) (Year): October 10, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single,

8. DATE OF BIRTH: October 9, 1952

9. AGE last birthday: 00 yrs.
IF UNDER 1 YEAR: Months 00 Days 00
IF UNDER 24 HRS: Hours 09 Min. 22

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas S. ELY

14. MOTHER'S MAIDEN NAME: Carol KRUSE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO
(If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY No.: - - - - -

17. INFORMANT & ADDRESS: Father; Thomas S. ELY,

18. MEDICAL CERTIFICATION same as item # 2

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.0 Immediate cause — (a) Cardio - circulatory collapse — DUE TO — Interval Between Onset And Death: 1 hr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Anemia — DUE TO — 9 hrs
(c) Atelectasis

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work [ ] Not While At Work [ ]
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 9, 1952, to Oct 10, 1952, that I last saw the deceased alive on Oct 10, 1952, and that death occurred at 2:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): P. H. SCHREIDER, LT, MC, USN
ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD.
DATE SIGNED: Oct. 10, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Disposal
DATE THEREOF: Oct. 11, 1952
NAME OF CEMETERY OR CREMATORY: USN Medical School
LOCATION (City, town, or county) (State): Bethesda, Maryland

DATE REC'D BY LOCAL REGISTRAR: Oct. 10, 1952
REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR: NONE
ADDRESS

2002284405

VS. A15

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 66 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Linda	marie	Everett		Oct.	1	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Fe	Wh.		9-28-52	yrs.		166		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Earl Bishop Everett

14. MOTHER'S MAIDEN NAME: Ruth Florence Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature separation of placenta

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) separation of Amniotic Sac

(c) Respiratory Failure.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Placenta & cord almost necrotic

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 27, 1952, to Oct 1, 1952, that I last saw the deceased alive on Oct 1, 1952, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ruth Loudon MD Washington Sanitarium 10-1-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	10-2-52	Washington Sanitarium & Hosp.	Takoma Park, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-2-52	J. Milton Dodd	Robert E. Hare M.D.	Takoma Park Md.

2092-13454

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5509 Park St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.Y. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN City Island
STREET ADDRESS (If rural, give location) 34 Schofield St. ✓

3. NAME OF DECEASED (Type or Print): (First) Jose (Middle) (Last) Fernandes
4. DATE OF DEATH: (Month) Sept (Day) 16 (Year) 195[illegible]

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 11-24-70
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: Sales Master (on boat)
11. BIRTHPLACE (State or foreign country): Olho, Portugal
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jose Fernandes
14. MOTHER'S MAIDEN NAME: [illegible] Joanna DaCosta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs Virginia Fernandes (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — sudden death.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) History of hypertension — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

/ Frank J. Bovenzi M.D. Gaithersburg Md 10-16-52

23. BURIAL, CREMATION, Removal, (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Oct 21, 1952 St Raymonds N.Y., N.Y.

DATE REC'D BY LOCAL REG. 10-18-52 — REGISTRAR'S SIGNATURE Bessie M. Thompson — 24. FUNERAL DIRECTOR Francis J Collins — ADDRESS 3821-14th N.W. Wash. D.C.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
MARYLAND LENGTH OF STAY (in this place): 2 mo. 20 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Ohio COUNTY: Lake
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Willoughby
STREET ADDRESS (If rural give location): 967 Elmwood Drive

3. NAME OF DECEASED: (First) William (Middle) Barrett (Last) FISKE

4. DATE OF DEATH: (Month) October (Day) 21, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 14, 1933

9. AGE last birthday: 19 yrs. IF UNDER 1 YEAR: Months 08 Days 07 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Enlisted Man

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Marine Corps

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank E. FISKE, Jr.

14. MOTHER'S MAIDEN NAME: Leanor BARRETT

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) Korean

16. SOCIAL SECURITY NO.: - - - - - -

17. INFORMANT & ADDRESS: Mother: Mrs. Frank E. FISKE, Jr.,

18. MEDICAL CERTIFICATION — same as item # 2

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

O.K.O

Immediate cause (a) Poliomyelitis, anterior, acute, bulbar — Interval Between Onset And Death: 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c) /

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumothorax, Spontaneous, Left. — 3 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1952, to Oct 21, 1952, that I last saw the deceased alive on Oct 21, 1952, and that death occurred at 1:36 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): H. A. SPARKS, LT, MC, USN
ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD.
DATE SIGNED: October 21, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct. 23, 1952
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: Oct. 21, 1952
REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR ADDRESS: Robert A. Pumphrey, 7557 Wisconsin Ave., Bethesda, Maryland

VS. A15

RECEIVED
SUPREME V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mrs. Jolliffes Home for Elderly Persons

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 11,129 Old Bladensburg Rd.

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) (Last) Fling
4. DATE OF DEATH (Month) Oct. (Day) 12 (Year) 1952

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 8/30/72
9. AGE last birthday 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Silver Spring, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jesse Jenkins
14. MOTHER'S MAIDEN NAME Mary Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Mrs. Thelma H. Ehlers, 1312 Elson Pl. Takoma Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of Rectum — Interval Between Onset and Death: 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 2 years

(c)

1-54X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~Sept. 11~~, 1952 to Oct. 13, 1952 ~~that~~ I last saw the deceased alive on Oct. 7, 1952 and that death occurred at 7:35 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Silver Spring, Md. Oct. 14, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/15/52
NAME OF CEMETERY OR CREMATORY Grace Church Cemetery
LOCATION (City, town, or county) (State) Silver Spring, Mont. Co., Md.

DATE REC'D BY LOCAL REG. 10/15/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR [illegible] ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 4604 Langdrum Lane

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Davis (Last) FRASER
4. DATE OF DEATH: (Month) Oct. (Day) 31 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	9/6/1879	73 yrs.	1	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Receptionist
10b. KIND OF BUSINESS OR INDUSTRY: Bank of Beth.
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hiram Davis
14. MOTHER'S MAIDEN NAME: Mary Jane Phelps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 578-26-4825
17. INFORMANT AND ADDRESS: Helen F. Hall-3652 Gunston Rd, Alex./ Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Respiratory Failure	48 hrs.
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage (massive)	10 days.
	(c) Hypertensive Cardio Vascular renal disease	6 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While at Work ☐ | HOW DID INJURY OCCUR?

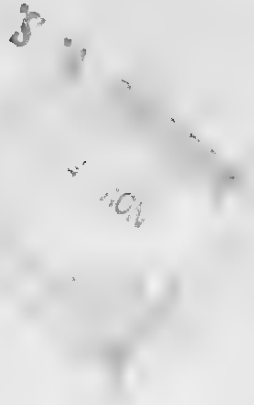
22. I hereby certify that I attended the deceased from June, 1947, to 10/31, 1952, that I last saw the deceased alive on 10/31, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: Frank G. Jaggard Jr. (Degree or title) M.D. ADDRESS: 5707 Wisconsin Ave Chevy Chase Md. DATE SIGNED: 10/31/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial-transit	11/2/52	Parmer Union	Monroe	New York

DATE REC'D BY LOCAL REG. 11/3/52 | REGISTRAR'S SIGNATURE: Bessie M. Hamilton

24. FUNERAL DIRECTOR: Roberts A. Pumphrey ADDRESS: Bethesda, Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Mont. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Silver Springs (Rural)
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gallliffs Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wash. D.C.
STREET ADDRESS (If rural, give location) 5308 - Reno Rd. N.W.

3. NAME OF DECEASED (Type or Print): (First) Leroy (Middle) Gaddis (Last)

4. DATE OF DEATH: (Month) Oct (Day) 2 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 4, 1888

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesmen

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): D.C.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Leroy James Gaddis

14. MOTHER'S MAIDEN NAME: Bessie Ennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 579-48-5948

17. INFORMANT & ADDRESS: Leroy James Gaddis Bethesda, Md. 4600 Chestnut St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

163x

Immediate cause (a) Carcinoma of brain, metastatic — Interval between onset and death: 6 mos +

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) from carcinoma of lung — 1 yr +

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) (COUNTY) (STATE) —

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1952, to Oct 2, 1952, that I last saw the deceased alive on Sept 26, 1952 and that death occurred at 7:35 p.m., from the causes and on the date stated above.

SIGNATURE Stewart Mahl (DEGREE OR TITLE) M.D. ADDRESS 3921 Ingomar St. N.W. Wash. D.C. DATE SIGNED Oct 2 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 10/4/52

NAME OF CEMETERY OR CREMATORY Glenwood Cem

LOCATION (City, town, or county) (State) Wash DC

DATE REC'D BY LOCAL REG. Oct 3, 1952

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR The S.H. Hines Co

ADDRESS 2901-14th St. N.W.

OCT 6
U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burtonsville Md
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery Co Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CARRIE (Middle) BELLE (Last) GAITHER
4. DATE OF DEATH (Month) OCT (Day) 15 (Year) 1952
5. SEX FEMALE
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct 4-1874
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Murphy
14. MOTHER'S MAIDEN NAME Rachel Cross
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs Walter Burton Burtonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Virus Pneumonia	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovasc. dis.	5 yrs.
	(c) c̄ Chronic Myocarditis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/17, 1944, to 10/15, 1952 that I last saw the deceased alive on 10/15, 1952, and that death occurred at 10 40 A m., from the causes and on the date stated above.

SIGNATURE J M Warren (Degree or title) MD ADDRESS Laurel DATE SIGNED 10/15/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 17 1952
NAME OF CEMETERY OR CREMATORY Emanuel
LOCATION (City, town, or county) Howard Co Md (State)
DATE REC'D BY LOCAL REG. 10/16/52
REGISTRAR'S SIGNATURE Gertrude Lawler
24. FUNERAL DIRECTOR Roy W Barber Laytonsville Md ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville — LENGTH OF STAY (in this place) 7 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hi-Wood Drive	STREET ADDRESS (If rural, give location) Hi-Wood Drive

3. NAME OF DECEASED (Type or Print)	(First) Martha	(Middle) R.	(Last) GIAUQUE	4. DATE OF DEATH	(Month) Oct. (Day) 27 (Year) 1952
5. SEX Female (female)	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 7/5/1892	9. AGE last birthday 60 yrs.	If under 1 year Months 3 Days 22 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Newport, Kentucky	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Henry A. Reader	14. MOTHER'S MAIDEN NAME Jeannette Hall				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Charles D. Giauque-Same Item #2			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

154X Immediate cause (a) Carcinoma of rectum, with — 2 years.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) generalized + liver metastasis.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION May 28, 1951.	19b. MAJOR FINDINGS OF OPERATION Carcinoma of rectum (intestinal resection)	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19..., to Oct. 27, 1952 that I last saw the deceased alive on Oct. 27, 1952 and that death occurred at 6 15 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm A. Linthicum,	M.D.	Rockville, Md.	10/27/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/30/1952	Arlington National	Arlington Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-29-52	Helen J. Eckenfelder	Robert A. Humphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Mont. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney, Md
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mont. Co. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Silver Spring COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt #2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Dorothy (Middle) Olive (Last) Giddings
4. DATE OF DEATH (Month) Oct. (Day) 10 (Year) 1952
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Apr. ~~26~~ 1933
9. AGE last birthday 19 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Spencerville Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ~~Clifford~~ Clifton Stromberg
14. MOTHER'S MAIDEN NAME Clara Murphy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Fort Stephenwold Clifton Stromberg, Washington, DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Irreversable shock secondary

672x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) to post partum hemorrhage — 7 hrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1952, to Oct 10, 1952, that I last saw the deceased alive on Oct 10, 1952, and that death occurred at 1:15 A m., from the causes and on the date stated above.

SIGNATURE A. L. Bonnyant (Degree or title) M.D. ADDRESS Sandy Spring Md. DATE SIGNED 10/10/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF October 12, 1952
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) (State) Burtonsville Maryland

DATE REC'D BY LOCAL REG. Oct 11-52
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR De Witt Donaldson, Laurel, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

S. A. Archive
OCT 17 1970

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 665

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town Bethesda | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural give location) 4209 Franklin Street

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Mae (Last) Gilbert

4. DATE OF DEATH: (Month) 10 (Day) 6 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: April 28th 1882 | 9. AGE last birthday: 70 yrs. | IF UNDER 1 YEAR: Months 5 Days 8 | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired.: Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Toledo Ohio | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ?? Kurtz

14. MOTHER'S MAIDEN NAME: ?? Munson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Harold M. Swift- Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X

Immediate cause (a) Bilateral Lobar Pneumonia — Interval Between Onset And Death: 48 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Pulmonary edema — 72 hrs.

DUE TO (c) Acute congestive myocardial failure — 72 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old hemiplegia, rt. — 1 yr.

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 1952, to Oct 6, 1952, that I last saw the deceased alive on Oct 5, 1952, and that death occurred at 12:40 A.M. from the causes and on the date stated above.

SIGNATURE Stewart Clark (Degree or title) M.D. ADDRESS 3921 Ingomar St. N.W. Wash. D.C. DATE SIGNED Oct 6 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-transit | DATE THEREOF 10/6/52 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Lenawee Co. Michigan

DATE REC'D BY LOCAL REGISTRAR 10/8/52 | REGISTRAR'S SIGNATURE Jessie M. Thompson

24. FUNERAL DIRECTOR Robert H. Dunphrey ADDRESS Bethesda, Md.

VS. A15

OCT
BU U. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11561

CERTIFICATE OF DEATH

Reg. Dist. No. 2-16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6310 Maple Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 6310 Maple Ave.

3. NAME OF DECEASED (Type or Print): (First) REUBENIA (Middle) V. (Last) GOLLADAY

4. DATE OF DEATH: (Month) Oct. (Day) 3 (Year) 1952

5. SEX: female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Feb 20 1887

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George N. Ferneyhough

14. MOTHER'S MAIDEN NAME: Fannie Goss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. Harry L. Golloday, 6310 Maple Ave., CHEVY CHASE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 4 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic Heart disease — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — 3 years

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 1952, to death 19....., that I last saw the deceased alive on Oct 2 1952, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

SIGNATURE: Marcel Horet M.D. (Degree or title) ADDRESS: 1801 K St N.W DATE SIGNED: 10-3-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct 3 1952

NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery

LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG. 10/6/52

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Chevy Chase Funeral ADDRESS:

Home

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 Pooks Hill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Be thesda
STREET ADDRESS (If rural, give location) 3 Pooks Hill Rd.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) PATRICK (Last) GRADY

4. DATE OF DEATH (Month) Oct. (Day) 21, (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH April 6, 1876
9. AGE last birthday 76 yrs. If under 1 year Months 6 Days 15 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret- Physician
10b. KIND OF BUSINESS OR INDUSTRY Medicine
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Thomas Grady
14. MOTHER'S MAIDEN NAME Mary Flynn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS 9 Hutton St. Dr. Hugh G. Grady Gaithersburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Pulmonary embolism	1 hour
42 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Congestive failure	2 yrs
	(c)	Arteriosclerotic Heart Disease	8 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Infarction 1944

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1952, to Oct 20, 1952, that I last saw the deceased alive on Oct 20, 1952, and that death occurred at 1 A.m., from the causes and on the date stated above.

SIGNATURE John Lawrence Avery MD (Degree or title) ADDRESS 10110 Georgia Ave., Silver Spring, Md DATE SIGNED Oct 21, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 24, 1952
NAME OF CEMETERY OR CREMATORY Holy Sepulcher
LOCATION (City, town, or county) (State) Philadelphia, Pa.

DATE REC'D BY LOCAL REG. 10 23 52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Harding Lane, R. #3

3. NAME OF DECEASED (Type or Print): (First) George (Middle) W. (Last) GRAFF

4. DATE OF DEATH: (Month) Oct. (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/19/02

9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chemical Engineer, Naval

10b. KIND OF BUSINESS OR INDUSTRY: Ord. U.S. Gov't.

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gustavus Y. Graff

14. MOTHER'S MAIDEN NAME: Katherine Umberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Roma B. Graff, Harding Lane, R.#3

18. MEDICAL CERTIFICATION — Rockville, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebrovascular hemorrhage — Interval between onset and death: 2 hrs.

204,2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Monocytic leukemia — 4 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1952, to Oct 9, 1952, that I last saw the deceased alive on Oct 9, 1952, and that death occurred at 11:35 p.m., from the causes and on the date stated above.

SIGNATURE: A. D. Bonfiglio — (Degree or title) M.D. — ADDRESS: Sandy Spring Md. — DATE SIGNED: 10/10/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/13/52 — NAME OF CEMETERY OR CREMATORY: Colesville Cemetery — LOCATION (City, town, or county) (State): Montgomery County, Md.

DATE REC'D BY LOCAL REG. 10-14-52 — REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR — ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

VS: A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1532 Varnum St N.W.

3. NAME OF DECEASED: (Type or Print) (First) Rosa (Middle) Cerami (Last) Grasso
4. DATE OF DEATH: (Month) (Day) (Year) Oct 24 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb 19, 1900
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman Real Estate
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: August Lacavera
14. MOTHER'S MAIDEN NAME: Catherine Geraci

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Son - (Edward) GRASSO

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 5 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Malignant Hypertension (onset hypertension 1922; severe since 1940 — 12 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 29, 1944, to Oct 24, 1952, that I last saw the deceased alive on 10/24, 1952 and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS 1726 Eye Str. N.W. Washington DATE SIGNED 10/24/52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 10-27-52 NAME OF CEMETERY OR CREMATORY Glenwood Cem LOCATION (City, town, or county) (State) WASHINGTON D.C.

DATE REC'D BY LOCAL REGISTRAR 10/27/52 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR The H. H. Ohms Co. 2901-14th St. N.W. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5612 Wis. Ave. Friendship Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 4620 Nottingham Dr.

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) (Last) Graves
4. DATE OF DEATH (Month) Oct. (Day) 21, (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 28, '75
9. AGE last birthday 77 yrs. If under 1 year Months 0 Days 23 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME John Connelly
14. MOTHER'S MAIDEN NAME Margaret Kelly
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs E.B. Sullivan 4620 Nottingham Dr. Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial P. neumonia — Interval Between Onset and Death: 36 hrs.

491x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/29, 1952, to 10/21, 1952, that I last saw the deceased alive on 10/21, 1952, and that death occurred at 11:25 P.m., from the causes and on the date stated above.

SIGNATURE Paul L. Cantor (Degree or title) MD ADDRESS Bethesda DATE SIGNED 10-22-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 24, 1952
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 10-23-52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

Montgomery

1. PLACE OF DEATH: COUNTY Sandy Spring MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Sandy Spring COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Snowden (Last) Hackett

4. DATE OF DEATH (Month) 10 (Day) 14 (Year) 1952

5. SEX F
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Unknown
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Elija Awkward.
14. MOTHER'S MAIDEN NAME Laura Watts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT AND ADDRESS Elija Hackett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 8 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) (COUNTY) (STATE) ✓
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 9/11, 1952, to 10/14, 1952, that I last saw the deceased alive on 10/16, 1952, and that death occurred at 0.30 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Sandy Spring DATE SIGNED 10/16/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/17/52
NAME OF CEMETERY OR CREMATORY Sandy Spring
LOCATION (City, town, or county) Sandy Spring (State) Md

DATE REC'D BY LOCAL REG. 10-16-52
REGISTRAR'S SIGNATURE Gertrude B. Fowler
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply ... of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7440 Baltimore Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 7440 Baltimore Avenue

3. NAME OF DECEASED (Type or Print): (First) Rosa (Middle) May (Last) Haines
4. DATE OF DEATH: (Month) Oct. (Day) 14 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 2/21/80
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hundley A. McShan
14. MOTHER'S MAIDEN NAME: Sally Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mr. R. T. Haines, Jr., 7440 Baltimore Ave. Takoma Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pericarditis, acute, fibrinous, purulent — 1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Pleural effusion right, with right lower lobe atelectasis — 2 month
(c) Cardiac hypertrophy and dilatation severe secondary to auricular fibrillation — (at least) 5 years.

4331

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 18, 1950, to October 14, 1952, that I last saw the deceased alive on October 12, 1952, and that death occurred at 5:55 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Aaron H. Traum M.D. 8237 Georgia Ave Silver Spring, Md 10/14/52.

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial
DATE THEREOF: 10/15/52
NAME OF CEMETERY OR CREMATORY: Forest Cemetery
LOCATION (City, town, or county) (State): Gadsden, Alabama

DATE REC'D BY LOCAL REG. 10/15/52
REGISTRAR'S SIGNATURE: Frances Tibbs
24. FUNERAL DIRECTOR, ADDRESS: Warner & Stumpfig 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Montgomery County; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park; LENGTH OF STAY (In this place): 6 hr. 50 min; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Springs; STREET ADDRESS (If rural, give location): 403 Leighton Ave.

3. NAME OF DECEASED (Type or Print): (First) Mary; (Middle) C.; (Last) Halstead

4. DATE OF DEATH: (Month) Oct. (Day) 13 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Jan. 1, 1912

9. AGE last birthday: 40 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pay roll clerk

10b. KIND OF BUSINESS OR INDUSTRY: I.C.C.

11. BIRTHPLACE (State or foreign country): Connellsville, Penna.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Mr. Jillit Halstead

14. MOTHER'S MAIDEN NAME: Marguerite Thorne Ruth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Emergency Room Record & Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage & laceration

Antecedent cause(a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) due to bullet wound Thru skull

(c)

INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

9764

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home

(CITY OR TOWN): Silver Spring; (COUNTY): Monty; (STATE): md

TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 13-52-3.20 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? self inflicted gun shot wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Bronhard M.D. Gaithersburg md 10-13-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10/16/52

NAME OF CEMETERY OR CREMATORY: Colesville Cemetery

LOCATION (City, town, or county) (State): Montgomery County, Md.

DATE REC'D BY LOCAL REG.: Oct 17 1952

REGISTRAR'S SIGNATURE: J. Hilton Dodd

24. FUNERAL DIRECTOR ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
LENGTH OF STAY (in this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Catherine (Last) Harding

4. DATE OF DEATH (Month) Oct. (Day) 6 (Year) 1952

5. SEX female
6. COLOR OR RACE Inlite
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced
8. DATE OF BIRTH unknown
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work
10b. KIND OF BUSINESS OR INDUSTRY at Home
11. BIRTHPLACE (State or foreign country) Kensington, Montg. Co., Md
12. CITIZEN OF WHAT COUNTRY U S A

13. FATHER'S NAME Phillip Scherrer
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Wm. C. Harding, Germantown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute - heart failure	½ hour
434.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senile debility	years (?)
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from Aug. 1, 1952, to Oct. 6, 1952, that I last saw the deceased alive on Sept. 25, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE William C. Miller, M.D. (Degree or title) ADDRESS 7 Brooks Ave., Gaithersburg, Md. DATE SIGNED Oct. 7/52

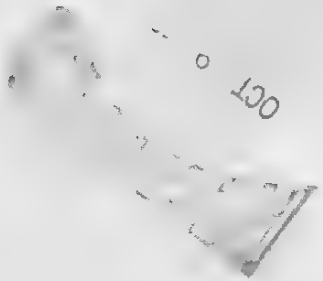
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-9-52
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REG. Oct. 7, 1952
REGISTRAR'S SIGNATURE Amelia G. Cooke
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK, MD.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oak Haven Rest Home 517 Albany Ave., Takoma Park, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Chevy Chase
STREET ADDRESS (If rural, give location) 4810 Morgan Drive

3. NAME OF DECEASED: (Type or Print) (First) LEONARD (Middle) LEE (Last) HARTER

4. DATE OF DEATH: (Month) 10 (Day) 6 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Feb. 2, 1875
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plant Pathologist-Agriculture
10b. KIND OF BUSINESS OR INDUSTRY: Dept. of
11. BIRTHPLACE (State or foreign country): Mounton, Iowa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Stewart Harter 37 Twin Falls Road, Berkeley Hgts, N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Bronchopneumonia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertensive - arteriosclerotic heart disease	1947
	DUE TO (c)	Cerebral Thrombosis - recurring	April 1951

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis with senile dementia — 1947

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1947, to Oct. 6, 1952, that I last saw the deceased alive on Oct. 6, 1952, and that death occurred at 11:35 P.m., from the causes and on the date stated above.

SIGNATURE Bertram F. Schayer (DEGREE OR TITLE) M.D. ADDRESS 1801 K. St., N.W. Wash. D.C. DATE SIGNED 10/7/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 10/9/1952
NAME OF CEMETERY OR CREMATORY Natl. Memorial Park
LOCATION (City, town, or county) (State) Falls Church, Virginia

DATE REC'D BY LOCAL REG. Oct 7-52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 2901 14th St., N.W. Washington 9, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (In this place) 10 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12533 Two Farm Dr	STREET ADDRESS (If rural give location) 12533 Two Farm Rd.

3. NAME OF DECEASED (Type or Print) (First) Carl (Middle) ~~XXXXXX~~ Hugo (Last) Hanson				4. DATE OF DEATH (Month) Oct (Day) 22 (Year) 1952	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-27-1877	9. AGE last birthday 75 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dept. of Agriculture	10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (State or foreign country) Wis.	12. CITIZEN OF WHAT COUNTRY? N.S.A.	
13. FATHER'S NAME Herman Hanson			14. MOTHER'S MAIDEN NAME Toline Bulland		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Theresa M. Hanson (wife)		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Found dead in bed.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart	M.D.	Gaithersburg Md	10-22-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 10/25/52	NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery	LOCATION (City, town, or county) (State) Prince Geo. County, Md.
DATE REC'D BY LOCAL REG. 10/27/52	REGISTRAR'S SIGNATURE Frances Otter	24. FUNERAL DIRECTOR Warner E. Pumphrey	ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route # 2
STREET ADDRESS (If rural give location) Rockville, Md

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) Agnes (Last) Henderson

4. DATE OF DEATH: (Month) 10 (Day) 22 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: April 5 1916

9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Hurfe

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Scotland Md

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Lefeger Monroe

14. MOTHER'S MAIDEN NAME: Dave Agnes

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Malignant Hypertension — Interval Between Onset And Death: 6 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Renal Failure

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uterine Fibroma Pericarditis, Acute Terminal

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1952, to 22 Oct, 1952, that I last saw the deceased alive on 21 Oct, 1952, and that death occurred at 2:20 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. T. Joyce M.D. ADDRESS Old Georgetown Rd Bethesda DATE SIGNED 22 Oct 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10-25-52

NAME OF CEMETERY OR CREMATORY Scotland

LOCATION (City, town, or county) Scotland, Md (State)

DATE REC'D BY LOCAL REGISTRAR 10/27/52

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 2
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7?

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Pennsylvania — COUNTY: Westmoreland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jeannette
STREET ADDRESS (If rural give location): 1010 North 4th Street ✓

3. NAME OF DECEASED: (First) Tyler (Middle) Eugene (Last) HENSON
4. DATE OF DEATH: (Month) October (Day) 9, (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	Sept. 16, 1952	00 yrs.	00	23		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Tyler E. HENSON
14. MOTHER'S MAIDEN NAME: Audrey HOSTETTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No:	17. INFORMANT & ADDRESS:
NO	- - - -	- - - - - -	Father: Tyler E. HENSON,

18. MEDICAL CERTIFICATION — same as item # 2

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
751X Immediate cause	(a) Pneumonitis	12 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Internal Hydrocephalus	Congenital
	(c) DUE TO Meningomylocoel	Congenital

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 25, 1952, to Oct. 9, 19 52, that I last saw the deceased alive on Oct. 9, 1952, and that death occurred at 2:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
P. A. SHETZLER, LT. MC, USN	U.S. NAVAL HOSPITAL, BETHESDA, MD.	Oct. 9, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Oct. 9, 1952		Jeannette, Penn.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 9, 1952	Elsie Whittington	Robert A. Pumphrey,	7557 Wisconsin Avenue, Bethesda, Maryland

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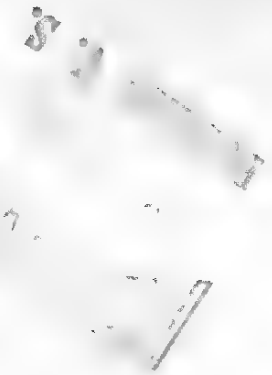
VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 679

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 413 Northwest Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 413 Northwest Drive

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) SPENCER FREDERICK HOUGH

4. DATE OF DEATH: (Month) (Day) (Year) 10 31 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 2-7-1900
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): AUDITOR
10b. KIND OF BUSINESS OR INDUSTRY: U.S. GOVERNMENT
11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN T. HOUGH
14. MOTHER'S MAIDEN NAME: MARY EVANS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO.: 718-10-5379
17. INFORMANT & ADDRESS: MAE WRIGHT HOUGH 413 NORTHWEST Dr. Silver Spring MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

Immediate cause (a) Carcinomatosis DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Primary CA Pancreas DUE TO

(c)

Interval Between Onset And Death

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24, 1952, to 10/31, 1952 that I last saw the deceased alive on 10/30, 1952, and that death occurred at 5 45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) A. F. Trinbadean, M.D. ADDRESS 10111 Colesville Rd. DATE SIGNED Silver Spring Md. 10/31/52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 11-4-52 NAME OF CEMETERY OR CREMATORY ARLINGTON NAT. LOCATION (City, town, county) ARLINGTON, VA.

REC'D BY LOCAL REGISTRAR'S SIGNATURE 11/2/52 [signature]

24. FUNERAL DIRECTOR S.H. Hines, Co. 2901 14th Street Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural give location) Route 3

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) Wayne (Last) Howard

4. DATE OF DEATH: (Month) Oct (Day) 25 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct. 23, 1952

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 7 Days + Hours 34 IF UNDER 24 HRS. Min. 35

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Newborn

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lawrence Lenberge Howard

14. MOTHER'S MAIDEN NAME: Rowena Elezabeth Chambers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.0 Immediate cause (a) Atelectasis DUE TO — Interval Between Onset And Death: 3½ hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/23, 1952, to 10/25, 1952, that I last saw the deceased alive on 10/25, 1952, and that death occurred at 8:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Frederick, Md. DATE SIGNED 10/27/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Oct 28/52 NAME OF CEMETERY OR CREMATORY Brookfield LOCATION (City, town, or county) Lafayette Ville (State) Miss

DATE REC'D BY LOCAL REGISTRAR 10-27-52 REGISTRAR'S SIGNATURE Gertrude B Fowler

24. FUNERAL DIRECTOR Roy W Barber ADDRESS Lafayette Ville Miss

2002276302

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Garfield (Middle) Arthur (Last) Jackson

4. DATE OF DEATH: (Month) 10 (Day) 2 (Year) 1952

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: June 17, 1880

9. AGE Last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Alice Jackson (Wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cardio-respiratory failure — Interval Between Onset And Death: 30'

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis — Indef

DUE TO (c) Nephro-sclerosis & uremia — "

442.X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gangrene of extremities

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/22/52, to 10/2/52, that I last saw the deceased alive on 10/2/52, and that death occurred at 8:00 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Stephen J. Timm MD — ADDRESS Rockville Md — DATE SIGNED 10/3/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10/7/52 — NAME OF CEMETERY OR CREMATORY #10 — LOCATION (City, town or county) Gaithersburg, Md (State)

DATE REC'D BY LOCAL REGISTRAR 10/9/52 — REGISTRAR'S SIGNATURE Florence E. Thompson

24. FUNERAL DIRECTOR Robert L. Snowden — ADDRESS Rockville Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sugarland LENGTH OF STAY (In this place): life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sugarland
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) T. (Last) Jackson

4. DATE OF DEATH: (Month) Oct (Day) 28 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Colored	Married	Feb. 6, 1883	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John B. Jackson	Sarah Braxton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Mary Jackson (wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cerebral hemorrhage	18 hours
331X Antecedent cause(s) (b)	Arteriosclerosis	10 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Hypertension	3 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Right hemiplegia	18 hours

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	none	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
non		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
none		

22. I hereby certify that I attended the deceased from Oct 7, 1952 to Oct 28, 1952, that I last saw the deceased alive on 27 Oct, 1952 and that death occurred at 11:40 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Lowett	M.D.	Boyd	28 Oct 52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/2/52	Sugarland	Sugarland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/8/52	Charles W. Elgin per DJE	Robert L. Snowden	Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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IREAU V. 6

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH- COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Md COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Clarksburg — LENGTH OF STAY (in this place): 2 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Clarksburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS: No	STREET ADDRESS (If rural give location): Rural Clarksburg

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) (Last) Jones			4. DATE OF DEATH (Month) Oct (Day) 28 (Year) 1952		
5. SEX: M	6. COLOR OR RACE: C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: Oct 17, 1887	9. AGE last birthday: 65 yrs.	If under 1 year: Months / Days 11 / If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor	10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (State or foreign country): Mt Airy North Carolina	12. CITIZEN OF WHAT COUNTRY? USA American		
13. FATHER'S NAME: —		14. MOTHER'S MAIDEN NAME: —			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) —	16. SOCIAL SECURITY NO. —	17. INFORMANT: Mr Lawrence Affnett			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Embolus.

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis

(c) Myocardial Degeneration

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arthritis

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 23, 1952, to Oct 8, 1952, that I last saw the deceased alive on Oct 8, 1952, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

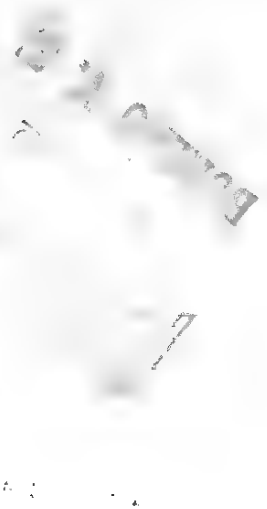
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. Mary Shirley	Neg	Gaithersburg Md	Oct 28/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial	DATE: 11/1/52	NAME OF CEMETERY OR CREMATORY: Sugarland	LOCATION (City, town, or county) (State): Sugarland, Md
DATE REC'D BY LOCAL REG.: Nov. 3, 1952	REGISTRAR'S SIGNATURE: Della N. Burdette	24. FUNERAL DIRECTOR: Robert L. Snowda	ADDRESS: Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2107 Lanier Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2107 Lanier Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Patricia	Maureen	Kennedy	October	28	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white		1/17/50	2 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew J. Kennedy
14. MOTHER'S MAIDEN NAME: Elsie Bauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: Mr. Andrew Kennedy, 2107 Lanier Dr. Silver Spring, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lymphatic Leukemia	3 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Purpura hemorrhagica	?

204.0

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Fred J. Bouchat	M.D.	Gaithersburg Md	10.28.52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/31/52	Arlington National Cemetery	Arlington County, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/30/52	Frances Potter	Warner E. Pumphrey	8434 Georgia Ave. Silver Spring, Maryland

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Montgomery COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 1015 Dale Drive

3. NAME OF DECEASED: (Type or Print) (First) C. (Middle) Boyd (Last) Keys
4. DATE OF DEATH: (Month) Oct. (Day) 10 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated
8. DATE OF BIRTH: 2/1/05
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Manager
10b. KIND OF BUSINESS OR INDUSTRY: Feed & Fuel Business
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Enos C. Keys
14. MOTHER'S MAIDEN NAME: Sarah B. Maughlin
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: yes
17. INFORMANT & ADDRESS: Mrs. Harold F. Watson, 1015 Dale Drive, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: Sudden

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Sclerosis — 7 years

DUE TO

(c) Arteriosclerotic Heart Disease — 7 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 17, 1952, to Oct 10, 1952, that I last saw the deceased alive on Sept. 22, 1952, and that death occurred at 8:15 PM, from the causes and on the date stated above.

SIGNATURE Robert G. Angle (Degree or title) M.D. ADDRESS 5029 Bethesda Ave Bethesda, Md DATE SIGNED 10/10/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/13/52
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) (State) Washington, D. C.
DATE REC'D BY LOCAL REGISTRAR 10/14/52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Warner E. Pumphrey, ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RELEASED

Item 18 Film G148 11-7-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunshine
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunshine
STREET ADDRESS (If rural, give location) Brookville Road

3. NAME OF DECEASED (Type or Print) (First) Chloe (Middle) Thomas (Last) Keys
4. DATE OF DEATH (Month) October (Day) 26 (Year) 1952
5. SEX Female
6. COLOR OR RACE Colored
7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH July 30 1868
9. AGE last birthday 84 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montgomery Co.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James Thomas
14. MOTHER'S MAIDEN NAME Martha Clements
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Cora Askins daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

154X Immediate cause (a) Carcinomatosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Partially obstructing mass found in Rectum.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive C. R. Disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY ~~(Home, farm, factory, street, office bldg., etc.)~~ (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ ~~Not While At work ☐~~
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 June 46, 19 46 to Oct 26, 1952, that I last saw the deceased alive on Oct 25, 1952, and that death occurred at 10:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Webster Lewell MD. ADDRESS Silver Spring DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct 29/52
NAME OF CEMETERY OR CREMATORY Mt Zion MG
LOCATION (City, town, or county) Montgomery Co (State) Md

DATE REC'D BY LOCAL REG. 10-27-52
REGISTRAR'S SIGNATURE Gertrude B Fawler
24. FUNERAL DIRECTOR Roy W Barb Keytonsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT 1932
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 3 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Prince Georges

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brentwood - Colmar Manor

STREET ADDRESS (If rural give location): 3602 41st Avenue ✓

3. NAME OF DECEASED: (First) Constance (Middle) Mary (Last) KILLEEN

4. DATE OF DEATH: (Month) October (Day) 2, (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Single	Sept. 30, 1952	✓ 00 yrs.	00	03		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Calhoun J. KILLEEN

14. MOTHER'S MAIDEN NAME: Mary Margaret WHITE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO.: - - - - - -

17. INFORMANT & ADDRESS: Mother: Mary Margaret KILLEEN,

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

760.5 Immediate cause (a) Hemorrhage, intracranial same as item # 2

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Immaturity

DUE TO (c) Prematurity

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 30, 19 52, to Oct. 2, 19 52, that I last saw the deceased alive on Oct. 2 19 52, and that death occurred at 12:55 PM, from the causes and on the date stated above.

SIGNATURE: L. W. Sederstrom (Degree or title): L. W. SEDERSTROM, LT, MC, USN ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED: Oct. 4, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 9, 1952	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: Oct. 4, 1952 — REGISTRAR'S SIGNATURE: Fred Whittington

24. FUNERAL DIRECTOR ADDRESS: Chambers Funeral Home, 5801 Cleveland Avenue, Riverdale, Maryland

219225342

OCT 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: 11806 Ga. ave
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wheaton Md
LENGTH OF STAY (in this place) 4
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring, Wheaton
STREET ADDRESS (If rural give location) 11806 Georgia Avenue

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) EVRESTHENIS KOUNTAKIS
4. DATE OF DEATH: (Month) (Day) (Year) Oct 25 1952

5. SEX: M M.
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~ ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: Jan. 6-1884
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months 10 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): unk.
10b. KIND OF BUSINESS OR INDUSTRY: BARBER
11. BIRTHPLACE (State or foreign country): IERA PETRA. CRETE GREECE
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Olga Kountakis 11806 Ga. av Wheaton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X

Immediate cause (a) Coronary Embolism
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bronchial asthma
DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1949, to Oct. 25/52, that I last saw the deceased alive on 10/24/52, and that death occurred at 3.15 AM from the causes and on the date stated above.

SIGNATURE Chas. J. Dimos (Degree or title) MD ADDRESS 1301-Mass. Ave. NW DATE SIGNED 10/25/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/27/52
NAME OF CEMETERY OR CREMATORY Glenwood Cemetery
LOCATION (City, town, or county) (State) Washington DC
DATE REC'D BY LOCAL REGISTRAR 10/27/52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR The S. H. Henes Co ADDRESS 2901-14th St NW Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 28 1957
BUREAU V. S.

Items 5,6,7 FilmG147 10/20/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7010 Westmoreland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 7010 Westmoreland Ave

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) R. (Last) Lane

4. DATE OF DEATH: (Month) Oct. (Day) 15, (Year) 1952.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 2, 1871
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Retired Plumber
10b. KIND OF BUSINESS OR INDUSTRY: PLUMBING - SELF EMPLOYED
11. BIRTHPLACE (State or foreign country). DECATUR, ALA.
12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Wm. R. LANE. SR.
14. MOTHER'S MAIDEN NAME: ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) SPANISH-AMER WAR
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: EUGENE R. LANE, 7010 WESTMORELAND AVE., TAKOMA PARK, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4201

Immediate cause (a) CORONARY THROMBOSIS — Interval Between Onset And Death: 1 HOUR

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ARTERIOSCLEROSIS, GENERALIZED — 5 YEARS

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. THROMBOSIS OF LEFT LEG WITH GANGRENE — 3 MONTHS

19a. DATE OF OPERATION: X
19b. MAJOR FINDINGS OF OPERATION X
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) X
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) X
(CITY OR TOWN) X (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) X m.
INJURY OCCURED While at Work ☐ Not While At Work ☐ X
HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from Oct. 1, 1950, to Oct. 14, 1952, that I last saw the deceased alive on Oct 14, 1952, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE Alvin Seltzer M.D (Degree or title) ADDRESS 2025 Eye St. NW Wash. D.C. DATE SIGNED Oct 15, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 17, 1952
NAME OF CEMETERY OR CREMATORY ARLINGTON NATL. CEM
LOCATION (City, town, or county) (State) ARLINGTON, ARL. CO., VA.

DATE REC'D BY LOCAL REGISTRAR Oct 15 1952
REGISTRAR'S SIGNATURE J. Milton Dodd
24. FUNERAL DIRECTOR Arthur J. Walters, 254 Carroll St NW Takoma Park, 12, D.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15 T

OCT 17 1952

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (In this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: California — COUNTY: Los Angeles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Los Angeles
STREET ADDRESS (If rural, give location): 1046 West 105th Street ✓

3. NAME OF DECEASED (Type or Print): (First) Stanley (Middle) G. (Last) LEARY

4. DATE OF DEATH: (Month) October (Day) 29, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 6, 1919

9. AGE last birthday: 32 yrs. If under 1 year: Months 10, Days 23, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Enlisted Man

10b. KIND OF BUSINESS OR INDUSTRY: US Marine Corps

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Gordon LEARY

14. MOTHER'S MAIDEN NAME: Hilda (Surname unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY No.: - - - - - - - - -

17. INFORMANT AND ADDRESS: Wife; Rosaline L. LEARY,

18. MEDICAL CERTIFICATION — same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage due to

900.6 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) fracture of skull

INTERVAL BETWEEN ONSET AND DEATH: 4 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Restaurant
(CITY OR TOWN): Washington, D. C.
(COUNTY)
(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 24, 1952 9 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell down stairs

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Broschart (Degree or title): Frank J. BROSCHART, M. D. ADDRESS: Gaithersburg, Maryland DATE SIGNED: October 30, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Nov. 2, 1952
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG.: Oct. 30, 1952
REGISTRAR'S SIGNATURE: Ruth Whittington

24. FUNERAL DIRECTOR: Robert A. Pumphrey
ADDRESS: 7557 Wisconsin Ave., Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairland
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Silver Spring. R.F.D. #2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairland
STREET ADDRESS (If rural, give location) Silver Spring, R.F.D. #2

3. NAME OF DECEASED (Type or Print) (First) Hernie (Middle) (Last) Lee

4. DATE OF DEATH (Month) Oct (Day) 10 (Year) 1952

5. SEX Male
6. COLOR OR RACE Colored
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)
8. DATE OF BIRTH Dec. 2 1881
9. AGE last birthday 64 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Andrews
14. MOTHER'S MAIDEN NAME Harriett Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT Raymond Lee (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Fibrosis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

525X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1951, to Oct 10, 1952, that I last saw the deceased alive on Oct 9, 1952, and that death occurred at 9:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Webster Sewell, MD — ADDRESS Silver Spring Md. — DATE SIGNED 10-12-52

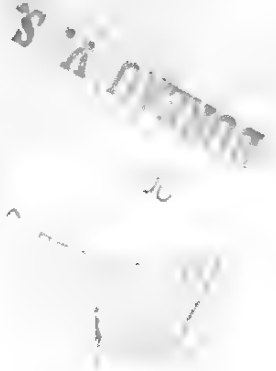
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct 13, 1952
NAME OF CEMETERY OR CREMATORY Roaring Oak.
LOCATION (City, town, or county) Spencerville, Md (State)

DATE REC'D BY LOCAL REG. 10/13/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert L. Snowden, ADDRESS Rockville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) RFD #2

3. NAME OF DECEASED: (Type or Print) (First) Knowles (Middle) Graham (Last) Little Jr.

4. DATE OF DEATH: (Month) Oct. (Day) 23 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 7, 1907

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Elect. Engineer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kensington, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Newman Graham Little

14. MOTHER'S MAIDEN NAME: Wuraner Mannakee

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 577-09-1507 ~~None~~

17. INFORMANT & ADDRESS: Daisy P. Little - Same as Item #2

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
443X Immediate cause	(a) Congestive heart failure	12 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerosis	5 years
	DUE TO (c) Hypertensive heart ~~failure~~ disease	5 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Oct., 1952 to 22 Oct, 1952, that I last saw the deceased alive on 22 Oct., 1952, and that death occurred at 8:40 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W.S. Murphy / W.E. Hall M.D. Rockville Md 10/23/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct. 27, 1952 — NAME OF CEMETERY OR CREMATORY Rockville Union — LOCATION (City, town, or county) (State) Rockville, Md.

DATE REC'D BY LOCAL REGISTRAR 10/23/52 — REGISTRAR'S SIGNATURE Jessie M. [illegible] — 24. FUNERAL DIRECTOR Robert G. Pumphrey — ADDRESS Bethesda, Md.

RECEIVED
OCT 28
LAUREL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1109.5

Reg. Dist. No. 15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Alexandria
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alexandria
STREET ADDRESS (If rural give location) 1818 River Road ✓

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Arthur (Last) LUND
4. DATE OF DEATH: (Month) October (Day) 13, (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 24, 1878
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months 00 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Not known
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John LUND
14. MOTHER'S MAIDEN NAME: Helen (Surname unknown)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) Sp. Amer War
16. SOCIAL SECURITY No.: - - - - -
17. INFORMANT & ADDRESS: Wife: Agnes LUND, same as item # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4.2.1

Immediate cause (a) Cardiac failure and pneumonia — Interval Between Onset And Death: 2 da

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Uremia — 10 da

DUE TO Arteriosclerotic cardio-vascular disease, (c) progressive — 5 yr

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - -
19b. MAJOR FINDINGS OF OPERATION - - - - -
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 6, 1952, to Oct. 13, 1952, that I last saw the deceased alive on Oct. 13 19 52 and that death occurred at 6:30 PM, from the causes and on the date stated above.

SIGNATURE R. N. WEBSTER, LT, MC, USN (Degree or title) ADDRESS U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED October 14, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Oct. 17, 1952 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR Oct. 14, 1952 REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR W. W. Chambers, 3072 M Street, N.W., Washington, D. C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) —
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS CONVENT OF THE SACRED HEART

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BETHESDA
STREET ADDRESS (If rural give location) 8101 ROCKVILLE PIKE

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) (Last) LYNCH

4. DATE OF DEATH: (Month) (Day) (Year) 10 - 18 - 19 52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 12-1-82

9. AGE Last birthday: 69 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): RELIGIOUS

10b. KIND OF BUSINESS OR INDUSTRY: CATHOLIC NUN

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOHN LYNCH

14. MOTHER'S MAIDEN NAME: BRIDGET MC GEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: MOTHER J. SEITZ, CONVENT OF THE SACRED HEART

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ~~Acute Coronary Occlusion~~ DUE TO —

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerosis DUE TO —

420.1 (c) —

Interval Between Onset And Death: 2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Angina pectoris — 3 years

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1949, to 10/18, 1952, that I last saw the deceased alive on 10/18, 1952, and that death occurred at 6:50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

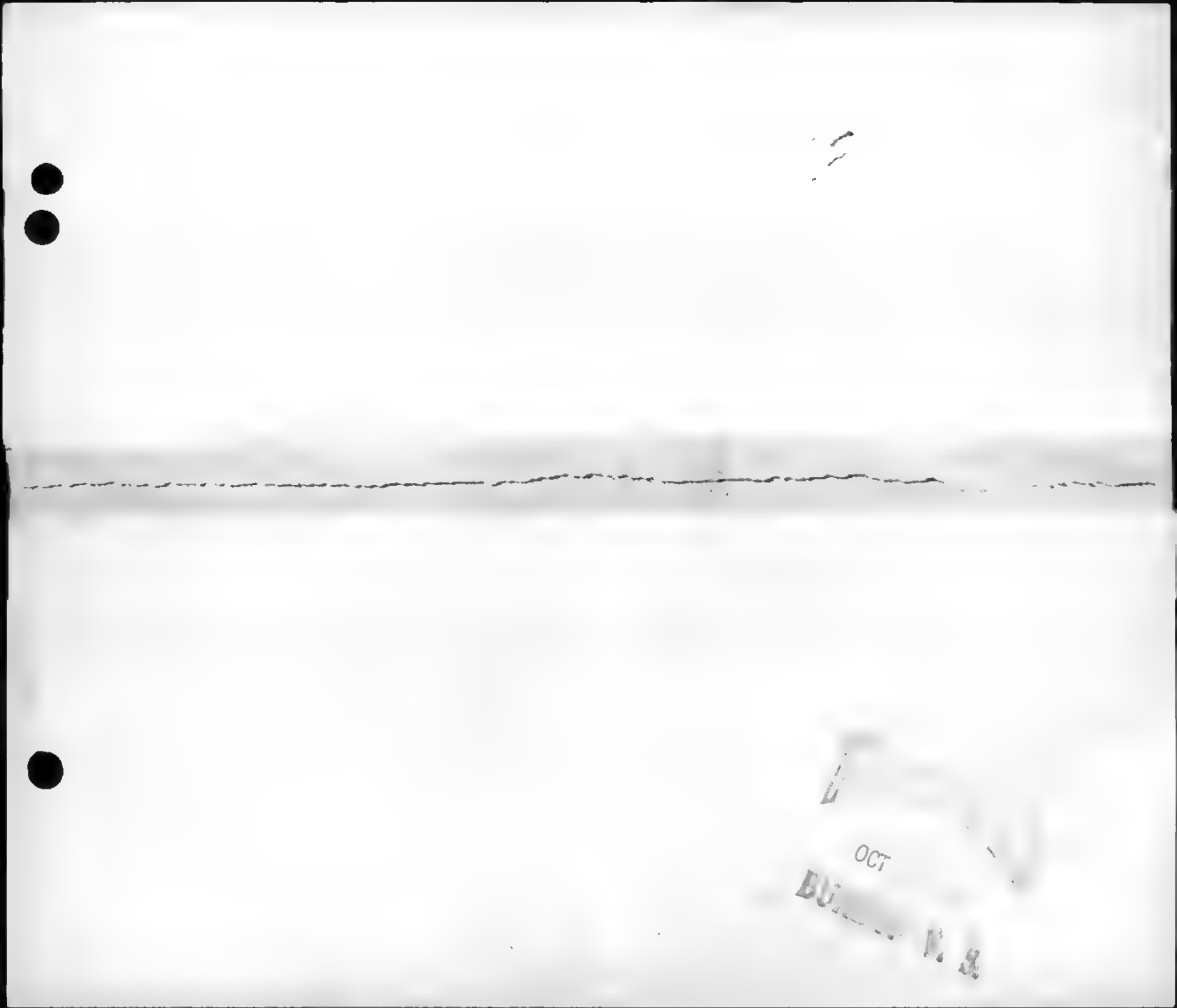
S. W. Nealon Jr M. D. — 1741 K. St N. W. Wash D.C. — 10/18/52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 10/21/52 — NAME OF CEMETERY OR CREMATORY EDEN HALL, CONVENT CEMETERY — LOCATION (City, town, or county) TORRESDALE, PHILA. — (State) PENN

DATE REC'D BY LOCAL REGISTRAR 10-23-52 — REGISTRAR'S SIGNATURE Bessie M Thompson

24. FUNERAL DIRECTOR Francis J Collins — ADDRESS 3821-14 St. N.W. Wash. D.C.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A18

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Clagettsville
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. Monrovia

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Pennsylvania COUNTY Allegheny
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsburgh
STREET ADDRESS (If rural, give location) Hotel Wm. Penn ✓

3. NAME OF DECEASED (Type or Print): (First) Kathleen (Middle) - (Last) MacLean

4. DATE OF DEATH: (Month) Oct. (Day) 13 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 12 1909

9. AGE last birthday: 43 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Carter Co., Tenn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. S. Rogers

14. MOTHER'S MAIDEN NAME: Louise Nave

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: --

17. INFORMANT AND ADDRESS: Daniel E. MacLean, Pittsburgh, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Cervix with generalized metastases — Interval between onset and death: 3 yrs

171 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Oct. 12 1952, that I last saw the deceased alive on Oct. 12, 1952, and that death occurred at 6:40 A m., from the causes and on the date stated above.

SIGNATURE: M. McKendree Boyer M.D. (Degree or title) ADDRESS: Damascus, Maryland DATE SIGNED: Oct. 14, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct. 15-52

NAME OF CEMETERY OR CREMATORY: Montgomery Chapel

LOCATION (City, town, or county) (State): Clagettsville, Md.

DATE REC'D BY LOCAL REG. Oct. 16 1952

REGISTRAR'S SIGNATURE: Della W. Burdette

24. FUNERAL DIRECTOR ADDRESS: Olin L. Molesworth, Damascus, Md.

OCT 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9720 Old Bladensburg Road	STREET ADDRESS (If rural, give location) 9720 Old Bladensburg Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ANNA GERTRUDE MADDOX

4. DATE OF DEATH (Month) (Day) (Year): Oct. 5 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Widowed	Sept. 5, 1867	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Homemaker	Own Home	Baltimore, Md.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Jenkins	Julia Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No		None	Jno. D. Maddox, Sr., 9720 Old Bladensburg Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4343

Immediate cause (a) Cardiac decompensation — 1-2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility ? Arteriosclerosis ?

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 1950, to 5 Oct, 1952, that I last saw the deceased alive on 1 Oct, 1952, and that death occurred at 4:15 P.m., from the causes and on the date stated above.

SIGNATURE William E. Cand (Degree or title) M.D. ADDRESS Silver Spring Md DATE SIGNED 5 Oct '52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/8/52	Glenwood Cemetery	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
[illegible]	[illegible]	[illegible]	8434 Georgia Ave., Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 12 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 712 Douglas Ave.

3. NAME OF DECEASED: (Type or Print) (First) Hillairy (Middle) (Last) Magruder

4. DATE OF DEATH: (Month) Oct. (Day) 23 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 17, 1885
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Mont. Co., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hillairy Magruder, Senior
14. MOTHER'S MAIDEN NAME: Sadie ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of [redacted])
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) acute bilateral, diffuse broncho-

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) pneumonia, atalectasis & pleurites

DUE TO

(c) of RLL.

Interval Between Onset And Death: about 72 hours

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct 22, 1952, to Oct 23, 1952, that I last saw the deceased alive on Oct 22, 1952, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) John F. Stapleton
ADDRESS Rockville, Md 326 E. Montgomery Ave
DATE SIGNED 10/23/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-26-52
NAME OF CEMETERY OR CREMATORY Lincoln Park.
LOCATION (City, town, or county) Rockville, Md (State)

DATE REC'D BY LOCAL REGISTRAR 10/27/52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert L. Snowden, ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; STREET ADDRESS (If rural, give location) 7 Locks Rd.

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) (Last) Mason

4. DATE OF DEATH: (Month) Oct. (Day) 13, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Aug 31, 1889

9. AGE last birthday: 63 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? Montgomery

13. FATHER'S NAME: Lewis Gibson

14. MOTHER'S MAIDEN NAME: Lucy Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Bertha Bell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Exhaustion	1 day
174X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Carcinosis	2 mos.
	(c) Carcinoma Uteri	6 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: 5-23-52

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Uteri

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-5, 1952, to 10-13, 1952, that I last saw the deceased alive on 10-12, 1952, and that death occurred at 9:55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. Hubert Marshall, M.D. 2712 P St. N.W., Wash. DC 10-13-52

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial

DATE THEREOF: 10/17/52

NAME OF CEMETERY OR CREMATORY: Moses Cem.

LOCATION (City, town, or county) (State): Cabin John, Md.

DATE REC'D BY LOCAL REG. 10/13/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: W. C. Jarvis Co. ADDRESS: 1432 You St. N.W. Wash. D.C.

#178

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 48 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Florida — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Barlow.
STREET ADDRESS (If rural give location) 1320 E. Clowee ST. ✓

3. NAME OF DECEASED: (Type or Print) (First) Mr. Roy (Middle) William (Last) McCandless.

4. DATE OF DEATH: (Month) 10 (Day) 23 (Year) 1952.

5. SEX: Male — 6. COLOR OR RACE: Caucasian — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: 11-25-82 — 9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): unk. — 10b. KIND OF BUSINESS OR INDUSTRY: unk. — 11. BIRTHPLACE (State or foreign country): Pennsylvania. — 12. CITIZEN OF WHAT COUNTRY? America.

13. FATHER'S NAME: Robert Townley McCandless. — 14. MOTHER'S MAIDEN NAME: Serena Davis.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — 17. INFORMANT & ADDRESS: Records - Washington Sanitarium & Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Dissecting aortic aneurysm — Interval Between Onset And Death: 48 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular Disease — 3 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 14, 1952, to Oct 23, 1952, that I last saw the deceased alive on Oct 22, 1952, and that death occurred at 2 a.m. Oct 23 1952, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Dewitt Fox M.D. — ADDRESS Silver Spring, Maryland — DATE SIGNED Oct 23, 1952

BURIAL, CREMATION, REMOVAL (Specify) Transit — DATE THEREOF 10-23-1952 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Pittsburgh, Pa.

DATE REC'D BY LOCAL REGISTRAR 10/23/52 — REGISTRAR'S SIGNATURE J. Allison Dodd — 24. FUNERAL DIRECTOR — ADDRESS Joseph Gawler Sons, 1756 Penna. Ave. N.W. Wash. D.C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7(11)

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE M'd. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 7409 Flower Avenue

3. NAME OF DECEASED: (Type or Print) (First) Wm (Middle) Homer (Last) McClelland
4. DATE OF DEATH: (Month) 10 (Day) 30 (Year) 1952

5. SEX: M
6. COLOR OR RACE: wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9-20-74
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Store Manager
10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John James McClelland
14. MOTHER'S MAIDEN NAME: Edith Hayes

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Pts. Chart

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Carcinoma Sigmoid Colon — DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-23, 1952, to 10-30, 1952, that I last saw the deceased alive on 10-29 1952, and that death occurred at 11 23 am, from the causes and on the date stated above. 10-30-52

SIGNATURE John F. Brownsberger M.D. (Degree or title) ADDRESS Takoma Park - Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov 1-1952 NAME OF CEMETERY OR CREMATORY Ft. Lincoln LOCATION (City, town, or county) Prince Georges Co (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10/30/52 REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR J. Arthur Walters 1-254 Carroll S. N.W. ~~Washington~~ Takoma Park D-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 70

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park Md.
LENGTH OF STAY (in this place) 30 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital Takoma Park, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 1402 Quebec Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Taylor (Middle) Robinson (Last) Mc Daniel
4. DATE OF DEATH: (Month) 10 (Day) 5 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1-12-92
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Furniture Business
11. BIRTHPLACE (State or foreign country): Tappahanock, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Edward Mc Daniel
14. MOTHER'S MAIDEN NAME: Katherine Jeffers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial Failure — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Arteriosclerosis

DUE TO (c) Old myocardial infarction — 6 mos

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 5, 1952 to Oct 5, 1952, that I last saw the deceased alive on Oct 5, 1952, and that death occurred at 1:40 AM, from the causes and on the date stated above.

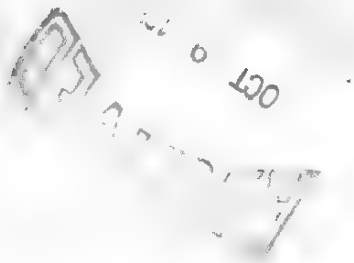
SIGNATURE Boris Roblin (Degree or title) M.D. ADDRESS 1200 Lebanon St. Silver Spring Md. DATE SIGNED Oct 5, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) ~~Removal~~
DATE THEREOF 10-8-52
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem
LOCATION (City, town, or county) Southland, Md (State)
DATE REC'D BY LOCAL REGISTRAR 10-5-52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR R.A. Mattingly ADDRESS 131-11th St. S.E. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring; LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8700 Barron Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring; STREET ADDRESS (If rural, give location): 8700 Barron Street

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Etta (Last) McHale

4. DATE OF DEATH: (Month) Oct. (Day) 29 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Feb. 22, 1882

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael E. Maloney

14. MOTHER'S MAIDEN NAME: Margaret St. John

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Thos. R. McHale, Jr., 8700 Barron St., SS., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) dead

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Burkhart M.D. Gaithersburg Md. 10-29-52

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial DATE THEREOF: 10/31/52 NAME OF CEMETERY OR CREMATORY: Immaculate Conception Cemetery LOCATION (City or Town): Cedar Grove (State): Essex County, N.J.

DATE REC'D BY LOCAL REG. 10/30/52 REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Wagner & Humphrey ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

VS—A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1003 Forrest Glen Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 1003 Forrest Glen Road

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Mann (Last) McLeod
4. DATE OF DEATH: (Month) Oct. (Day) 15, (Year) 1952
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: June 20, 1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Stone Contractor
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Robert McLeod
14. MOTHER'S MAIDEN NAME: Christina Munro
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Mildred L. Rohr 1003 Forrest Glen Road, S.S. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1 Immediate cause (a) Coronary occlusion - myocardial - 7 mo
DUE TO infarct.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary arteriosclerosis
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-27, 1952, to 10-15, 1952, that I last saw the deceased alive on 9-18, 1952, and that death occurred at 7:35 am from the causes and on the date stated above.
SIGNATURE (Degree or title) Benjamin Moncrieffe MD. ADDRESS 3200-16 Wtm DATE SIGNED 10/15/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/18/1952
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery
LOCATION (City, town, or county) (State) Prince Georges Co. Md.
DATE REC'D BY LOCAL REGISTRAR 10/15/52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR The S. H. Hines Co ADDRESS 2901-14th St. N.W. Washington 9, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

10/11/52

Reported case abstracted by
Montgomery County Medical Examiner's
Judicial Movements

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8821 Flower Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Sp MD
STREET ADDRESS (If rural, give location) 8821 Flower ave

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) A. (Last) Meegan
4. DATE OF DEATH: (Month) Oct (Day) 24 (Year) 19 52
5. SEX: Fe
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 10/16/1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Atlanta, Ga
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Flynn
14. MOTHER'S MAIDEN NAME: Catherine Daugherty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: A. L. Meegan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331 f

Immediate cause (a) Cerebral Vascular Accident
DUE TO
Antecedent cause(s) (b) Generalized Arteriosclerosis
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1951, to Oct, 1952, that I last saw the deceased alive on Oct 20, 1952, and that death occurred at 4:50 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Bernard A. Fitzgerald MD 9620 Old Bladensburg Rd S.S. Md 10-24-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 10/27/52
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) (State) Washington, DC
DATE REC'D BY LOCAL REG. 10/24/52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR The S. H. Hines Co ADDRESS 2901-14th St N.W. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7006

CERTIFICATE OF DEATH

Reg. Dist. No. 15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural give location): 5 East South Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Edgar (Last) MILLER

4. DATE OF DEATH: (Month) October (Day) 14, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 4, 1896

9. AGE last birthday: 56 yrs. — IF UNDER 1 YEAR: Months 08 Days 10 — IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Not known

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles H. MILLER

14. MOTHER'S MAIDEN NAME: Emma RAMSBURG

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: - - - - -

17. INFORMANT & ADDRESS: Wife: Ella MILLER, same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1 81X

Immediate cause (a) Thrombosis, cerebral arteries — Interval Between Onset And Death: 3 da

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Transitional cell carcinoma grade II, urinary bladder, with metastases — 7 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - -

19b. MAJOR FINDINGS OF OPERATION - - - -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 7, 1952, to Oct. 14, 1952, that I last saw the deceased alive on Oct. 14 1952, and that death occurred at 1:43 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) R. N. WEBSTER, LT, MC, USN — ADDRESS U.S. NAVAL HOSPITAL, BETHESDA, MD. — DATE SIGNED October 14, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 16, 1952 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: Oct. 14, 1952 — REGISTRAR'S SIGNATURE: Elsie Whittington

24. FUNERAL DIRECTOR — ADDRESS: C. E. Cline Funeral Home, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1100 Wayne Avenue	STREET ADDRESS (If rural, give location) 1100 Wayne Avenue

3. NAME OF DECEASED (Type or Print)	(First) Cora	(Middle) F	(Last) Meyers	4. DATE OF DEATH	(Month) Oct.	(Day) 12	(Year) 1952
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH 2/22/75	9. AGE last birthday 77 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Belkville Ontario, Canada	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Walter Fanning	14. MOTHER'S MAIDEN NAME ? Warwick						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
170 x Immediate cause	(a) Coronary Thrombosis. (sudden)	10 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	15 yrs.
	(c) Adenocarcinoma Left breast. (Removed)	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1939, to Oct 12, 1952, that I last saw the deceased alive on Oct 12, 1952, and that death occurred at 3 29 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Kenneth Houghlin MD.		934 Ellsworth Dr. Silver Spring Md.	10-12-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/15/52	Congressional Cemetery	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/15/52	Frances Potter	[illegible]	8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
HOSPITAL OR INSTITUTION OR STREET ADDRESS 37 E. Bradley Lane	STREET ADDRESS (If rural, give location) 37 E. Bradley Lane

3. NAME OF DECEASED (Type or Print) (First) Olga (Middle) Palmer (Last) Morosoff				4. DATE OF DEATH (Month) 10 (Day) 18 (Year) 1952	
5. SEX Fem	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 5-18-1910	9. AGE last birthday 42 yrs.	If under 1 year Months 5 Days 0 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (State or foreign country) Russia	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Paul Morosoff			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY No. unknown	17. INFORMANT AND ADDRESS Aime Rogers - 37 E Bradley La Chevy Chase Md		

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	death
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Brosnhart M.D. Faithersburg Md 10-18-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 10/18/52	NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery	LOCATION (City, town, or county) (State) Washington, D. C.
DATE REC'D BY LOCAL REG. 10-22-52	REGISTRAR'S SIGNATURE Bessie M. Thompson	24. FUNERAL DIRECTOR [signature]	ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 35 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 614 E. Leland St.

3. NAME OF DECEASED: (Type or Print) (First) McHenry (Middle) (Last) Mosier
4. DATE OF DEATH: (Month) 10 (Day) 19 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 24, 1885
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months 6 Days 22 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Mining Engineer
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.
11. BIRTHPLACE (State or foreign country): Des Moines, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Cyrus Austin Mosier
14. MOTHER'S MAIDEN NAME: Rachel Bell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Louise L. Mosier 614 E. Leland St Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Coronary Occlusion — Interval Between Onset And Death: 48 hrs.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Heart Disease — 3 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 17, 1952, to Oct. 19, 1952, that I last saw the deceased alive on Oct. 18, 1952, and that death occurred at 4:20 A.M., from the causes and on the date stated above.

SIGNATURE Sidney L. Cousins (Degree or title) M.D. ADDRESS 3921 Ingomar St. N.W. Wash. D.C. DATE SIGNED 10/21/52

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 10/22/1952
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) (State) Prince George Maryland
DATE REC'D BY LOCAL REGISTRAR 10-23-52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Lowell A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V
OCT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Newman

4. DATE OF DEATH: (Month) 10 (Day) 13 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 3.11.82

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Newman

14. MOTHER'S MAIDEN NAME: Harriette Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval between onset and death: 3 years.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ——— (c) ———

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ———, 1948, to 10/13, 1952, that I last saw the deceased alive on 10/13, 1952, and that death occurred at 7:15 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] MD Sandy Spring Md 10/16/52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 10/16/52 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial — Sandy Spring — Sandy Spring Md

DATE REC'D BY LOCAL REG. 10-16-52 — REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR — ADDRESS

Robert L. Snowden — Olney, Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; MARYLAND; LENGTH OF STAY (In this place) 8 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 Calvert Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; STREET ADDRESS (If rural, give location) 105 Calvert Rd.

3. NAME OF DECEASED (Type or Print): (First) Mildred (Middle) Frizzell (Last) Nichols

4. DATE OF DEATH: (Month) Oct (Day) 30 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-29-1929

9. AGE last birthday: 23 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A. Frizzell

14. MOTHER'S MAIDEN NAME: Hazel Duncan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: Yes-Unknown

17. INFORMANT AND ADDRESS: Wm A. Nichols (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocarditis — 1/2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

4317

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Brosnahan M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 10-30-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Nov. 4, 1952; NAME OF CEMETERY OR CREMATORY: Arlington National; LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 11-3-52; REGISTRAR'S SIGNATURE: Helen S. Eckenfelder

24. FUNERAL DIRECTOR: Robert A. Humphrey ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
LENGTH OF STAY (In this place): 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: (Norbeck) R.F.D. #2

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural, give location): (Norbeck) R.F.D. #2

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Wilbur (Last) Orrison

4. DATE OF DEATH: (Month) Oct (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 1/1/90

9. AGE last birthday: 62 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairyman (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Own Dairy

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John S. Orrison

14. MOTHER'S MAIDEN NAME: Effie B. Birts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: R.F.D.#2 Mrs. Bertha E. Orrison, Rockville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Sudden death

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Broccoli M.D. (Degree or title) — ADDRESS: Gaithersburg Md — DATE SIGNED: 10-17-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/20/52 — NAME OF CEMETERY OR CREMATORY: St. John's Catholic Cemetery — LOCATION (City, town, or county) (State): Forest Glen, Maryland

DATE REC'D BY LOCAL REG. 10-29-52 — REGISTRAR'S SIGNATURE: Helen S. Edenfield per LVA

24. FUNERAL DIRECTOR: Warren E. Simpson — ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville; LENGTH OF STAY (In this place) 10 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Manakee Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville; STREET ADDRESS (If rural, give location) Manakee Street

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) (Last) PAYNE

4. DATE OF DEATH: (Month) Oct. (Day) 24 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8/3/1871

9. AGE last birthday: 81 yrs. If under 1 year: Months 2 Days 21; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Kirby

14. MOTHER'S MAIDEN NAME: ? Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Wilson Payne 205 Croyden Avenue Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 4 days

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(460X) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 17 years

19a. DATE OF OPERATION: None 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947 to Oct. 24, 1952 that I last saw the deceased alive on Oct 24, 1952, and that death occurred at 12 noon, from the causes and on the date stated above.

SIGNATURE: Wm. H. Smithson, M.D. (Degree or title) ADDRESS: Rockville, Md. DATE SIGNED: 10/24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF: 10/27/52 NAME OF CEMETERY OR CREMATORY: Hillsboro LOCATION (City, town, or county) (State): Hillsboro Virginia

DATE REC'D BY LOCAL REG. 10-25-52 REGISTRAR'S SIGNATURE: Nevin E. Shindler Asst. Reg. Rudolph S. 24. FUNERAL DIRECTOR: Lynwood A. Humphreys ADDRESS: Bethesda, Md.

VS./A15

OCT 28 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY Mon Co — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 10 Yr.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 9200 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D. C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.

STREET ADDRESS (If rural, give location) 7515 Morningside Drive NW

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Charles	G	Ponickau	10	4	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M.	W.	Widowed	9-25-1874	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Accountant	Wash Loan & Trust	New Jersey	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles G. Ponickau	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
N/C		Thelma Foster 4405 Hampden Lane Bethesda Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.9 Immediate cause	(a) Termin. of Pulmonary edema	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO	(b) Arterio-sclerotic Heart disease & decompensation	2 yrs.
DUE TO	(c) Arterio-sclerosis	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Sept 15, 1951, to Oct 4, 1952, that I last saw the deceased alive on 9-30, 1952, and that death occurred at 7:55 P m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
James F. Pritchard	M.D	7717 Alaska Ave N.W.	10/4/52.

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/8/52.	Fort Lincoln	Colmar Manor Prince Geo Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/6/52	Jessie M. Thompson	The S.H. Hines Co.	2401-14th St N.W. Wash D.C.

OCT 8 1952
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9212 Mintwood st.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) LOUISE (Last) RAFFO

4. DATE OF DEATH: (Month) 10 (Day) 10 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 2, 1913

9. AGE (last birthday): 39 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Evander Kinlaw

14. MOTHER'S MAIDEN NAME: Zola Pravette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Bernard J. Raffo 9212 Mintwood st. S.S. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

15 2 X

Immediate cause (a) Carcinoma of Liver - with abdominal ascites — Interval Between Onset and Death: Jan 1952

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Carcinoma of Gastro Intestinal tract — 1951-

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Patient hospitalized 3 times for abdominal paracentesis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/12/52, 19....., to 10/3/52, 19....., that I last saw the deceased alive on 10/3/52, 19....., and that death occurred at 9 am m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) John Sweeney MD — ADDRESS 1238 Wayne Ave — DATE SIGNED 10/10/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 10/13/52 — NAME OF CEMETERY OR CREMATORY St. Mary's Cemetary — LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 10/14/52 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR The S.H. Hines Co. — ADDRESS 1401 14th st. N.W. Washington D.C.

S A
OCT

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

71.

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring R-1 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Woodburn Estates

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring R-1
STREET ADDRESS (If rural, give location) Bonifant Rd

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Wheeler (Last) Ray
4. DATE OF DEATH (Month) Oct (Day) 6 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jun 28 1936
9. AGE last birthday 16 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Non
10b. KIND OF BUSINESS OR INDUSTRY Non
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Calvin H Ray
14. MOTHER'S MAIDEN NAME Thelma N. Burriss
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) n (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Calvin H Ray Silver Spring R F D 1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Shot gun wound thru skull	sudden death
119.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Occipital portion of skull decapitated	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Woods
(CITY OR TOWN) Silver Spring (COUNTY) Monty (STATE) md
TIME OF INJURY (Month) Oct (Day) 6 (Year) 52 (Hour) 3 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot while hunting

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg md DATE SIGNED 10-6-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct 8 1952 | NAME OF CEMETERY OR CREMATORY Oak Hill Lay Hill md | LOCATION (City, town, or county) Montgomery Co (State) md
DATE REC'D BY LOCAL REG. Oct 7-52 | REGISTRAR'S SIGNATURE Gertrude L. Lawler | 24. FUNERAL DIRECTOR Roy W. Barber Laytonville md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 4 months 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San't Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 117 Fleetwood Terrace

3. NAME OF DECEASED: (Type or Print) (First) Milton (Middle) Wylie (Last) Reid
4. DATE OF DEATH: (Month) Oct (Day) 21 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	Cauc		8-10-1898	53 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Assistant to chief
10b. KIND OF BUSINESS OR INDUSTRY: Dept. Bureau of Land Management
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: David L. Reid
14. MOTHER'S MAIDEN NAME: Henrietta Boyd

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) voluntary
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hosp Records

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
165X Immediate cause	(a) Shock (with hypotension)	23 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Possible pulmonary embolus	23 hrs
	DUE TO (c) Probable thrombus of left foot	Indeterminate
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Possible carcinomatosis of spine & pulmonary metastases	

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF ~~OPERATION~~ Autopsy Shock due to fibrinous pericarditis due to secondary to carcinoma of lung Primary site unknown
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1 ..., 19 52, to 10-21, 19 52, that I last saw the deceased alive on 10-21, 19 52, and that death occurred at 7:50 ..., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Margaret E. Provencha	M.D.	Takoma Park Hosp	10-21-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct. 24. 1952	Arlington National Cemetery	Arlington	Virginia

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 21 1952	J. Holton Dodd	J. Arthur Walters	254 Carroll St. NW Takoma Park, D.C.

VS. A15

RECEIVED
OCT 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 23 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedar Haven Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 7812 Old Chester Road

3. NAME OF DECEASED: (First) Lillian (Middle) W. (Last) Rowzee
4. DATE OF DEATH: (Month) Oct. (Day) 24 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 6 1873
9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Keeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Philip Wrenn
14. MOTHER'S MAIDEN NAME: Susan C. Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Helen Dasher, 3833 Military Rd. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
Immediate cause (a) Coronary insufficiency and Aortic — Interval between onset and death: 5 months
~~DUE TO~~
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Regurgitation — Year
DUE TO
(c) Generalized arteriosclerosis, severe — Years
(a) Inanition — Months
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. (b) Senile dementia — Year

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-18, 1952, to 10-24, 1952, that I last saw the deceased alive on Oct. 24, 1952, and that death occurred at 3:35 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
William M. Mook M.D. 7701 Carroll Ave. Takoma Pk., Md. 10-24-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 10/27/52
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Prince George Maryland

DATE REC'D BY LOCAL REG. Oct-24-52
REGISTRAR'S SIGNATURE J. Milton Dodd
24. FUNERAL DIRECTOR Lemuel A. Humphrey
ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS East-West Hwy. at Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase; STREET ADDRESS (If rural, give location) 327 W. Bradley Lane

3. NAME OF DECEASED (Type or Print): (First) VIRGIL (Middle) LEE (Last) SCATES

4. DATE OF DEATH: (Month) Oct. (Day) 26 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Feb. 2, 1901

9. AGE last birthday: 51 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman (Covington Motor Co.)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Scates

14. MOTHER'S MAIDEN NAME: Eva D. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY No.: 220-07-4112

17. INFORMANT AND ADDRESS: Mr. Joseph G. Scates - Templeman, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4201

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Was driving auto on Expressway when he died

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE: Frank J. Bronhart (Degree or title) M. D. ADDRESS Gaithersburg Md DATE SIGNED 10-26-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 10/30/52; NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery; LOCATION (City, town, or county) (State): Arlington County, Va.

DATE REC'D BY LOCAL REG. 10/28/52; REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner L. Pumphrey ADDRESS: 8434 Georgia Ave, Silver Spring, Maryland

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Marylander Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) O'Donnell (Last) Schweitzer
4. DATE OF DEATH (Month) Oct. (Day) 4 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 13, 1878
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mr. Raymond F. Schweitzer

18. MEDICAL CERTIFICATION 10,005 Markham St., Silver Spring, Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral thrombosis	3 days
4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 2, 1951, to October 4, 1952, that I last saw the deceased alive on October 3, 1952, and that death occurred at 8:18 a.m., from the causes and on the date stated above.

SIGNATURE James P. Kerr M.D. (Degree or title) ADDRESS Damascus, Md. DATE SIGNED October 4, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/7/52
NAME OF CEMETERY OR CREMATORY St. Mary's Catholic Cemetery
LOCATION (City, town, or county) (State) Washington, D. C.
DATE REC'D BY LOCAL REG. Oct. 8, 1952
REGISTRAR'S SIGNATURE Alsuda G. Cooke
24. FUNERAL DIRECTOR Warner E. Lumpkins ADDRESS 8434 Georgia Ave. Silver Spring, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Son & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New Jersey COUNTY Atlantic
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasantville, New Jersey
STREET ADDRESS (If rural give location) 120 Brighton Avenue

3. NAME OF DECEASED: (Type or Print) (First) Lydia (Middle) Frances (Last) Seith
4. DATE OF DEATH: (Month) Oct (Day) 3 (Year) 1952

5. SEX: Fe
6. COLOR OR RACE: w
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): m
8. DATE OF BIRTH: 10-10-1869
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jonathan Millard
14. MOTHER'S MAIDEN NAME: Mary Laird

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Robert E. L. Seith, Pleasantville, New Jersey

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
Immediate cause (a) Cerebral Hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension
DUE TO
(c)

Interval Between Onset And Death: 13 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

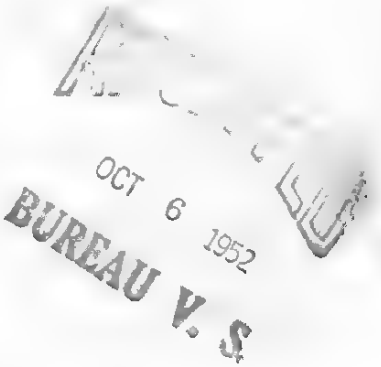
22. I hereby certify that I attended the deceased from Sept 21, 1952 to Oct 3, 1952, that I last saw the deceased alive on Oct 2, 1952, and that death occurred at ....., from the causes and on the date stated above.
SIGNATURE John N. Andrews (Degree or title) M.D. ADDRESS 9601 Colesville Rd Silver Springs Md DATE SIGNED 10-3-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 7, 1952
NAME OF CEMETERY OR CREMATORY Friends Central Cemetery
LOCATION (City, town, or county) Linwood (State) New Jersey
DATE REC'D BY LOCAL REGISTRAR Oct 3 1952
REGISTRAR'S SIGNATURE J. Arthur Dodd
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. New Takoma Park D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


OCT 6 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Echo
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Army Map Service

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 907 French St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Sharp
4. DATE OF DEATH: (Month) Oct. (Day) 22, (Year) 1952 19

5. SEX: Male
6. COLOR OR RACE: White (Colored J.R.R.)
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 20 March 1923
9. AGE last birthday: 29 yrs. If under 1 year: Months 7 Days 2 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook- Army Map Service
10b. KIND OF BUSINESS OR INDUSTRY: Restaurent
11. BIRTHPLACE (State or foreign country): N. Carolina
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph Sharp Sr.
14. MOTHER'S MAIDEN NAME: Nancy Power

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Octavious Sharp -Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute endocarditis	died suddenly
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic fever	no history
	(c)	

4 1,1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank J. Burkhart M.D. Gaithersburg Md 10-22-52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal Burial
DATE THEREOF 10/27/52
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Rocky Mt. Mount N.C.

DATE REC'D BY LOCAL REG. 10-23-52
REGISTRAR'S SIGNATURE Lizzie M. Nye-Asst.
24. FUNERAL DIRECTOR W. ERNEST JARVIS Co. ADDRESS 1422 YOU ST. WASHINGTON D.C.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7300 Balto Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 156 Upland Terrace N.E.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Addie Bower Shoemaker

4. DATE OF DEATH (Month) (Day) (Year) Oct 13-1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3-8-1873
9. AGE last birthday 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm Bower
14. MOTHER'S MAIDEN NAME Lydia Dwight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS John F. Shoemaker (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Found dead in bed
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) hypertension	2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brosshart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 10-13-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-15-52
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery
LOCATION (City, town, or county) Bladensburg Rd. Md. (State)

DATE REC'D BY LOCAL REG. 10-13-52
REGISTRAR'S SIGNATURE J. Wilton Dodd
24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 2901 14th St. N.W. Washington 9, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

Montgomery

1. PLACE OF DEATH: COUNTY Olney MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Montgomery COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Laura (Last) Snyder

4. DATE OF DEATH (Month) 10 (Day) 20 (Year) 1952

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3/9/1884
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Samuel P. Reed
14. MOTHER'S MAIDEN NAME Matilda W. Lydard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [redacted])
16. SOCIAL SECURITY No. ✓
17. INFORMANT AND ADDRESS Oliver P. Snyder Woodbine Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	1 hr
5-4X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	2
	(c) Cholelithiasis	2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION 10/13/52
19b. MAJOR FINDINGS OF OPERATION Cholelithiasis Chronic Appendicitis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 10/13/52 19....., to 10/20/, 1952, that I last saw the deceased alive on 10/20/, 1952, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Sandy Spring DATE SIGNED 10/20/52

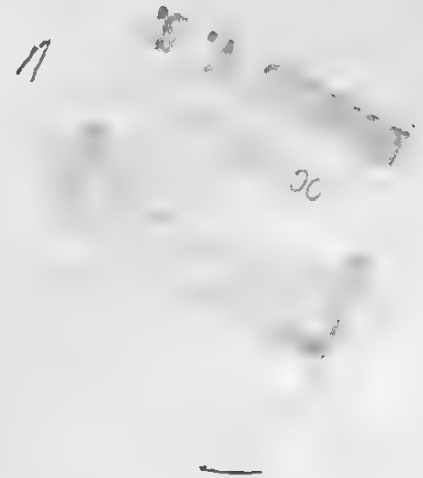
23. BURIAL, CREMATION REMOVAL (Specify) [illegible] DATE THEREOF 10/23/1952 NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) [illegible] (State)

DATE REC'D BY LOCAL REG. 10-23-52 REGISTRAR'S SIGNATURE Gertrude B Fowler
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg Md
LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) C (Last) SNYDER

4. DATE OF DEATH (Month) Oct (Day) 7 (Year) 1952

5. SEX FEMALE

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH July 29 1876

9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY Dem Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Williams

14. MOTHER'S MAIDEN NAME Sophronia Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Mrs. Edna E. Windsor, Gaithersburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intra-cranial hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 7 weeks

442x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive-Cardiovascular-Renal Disease — 7 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 2, 1952, to Oct. 7, 1952, that I last saw the deceased alive on Oct. 6, 1952 and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE Jack Schumacher (Degree or title) M.D. ADDRESS Gaithersburg, Md. DATE SIGNED Oct. 9, 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Oct. 10, 1952

NAME OF CEMETERY OR CREMATORY Salem Cemetery

LOCATION (City, town, or county) (State) Cedar Grove, Md

DATE REC'D BY LOCAL REG. Oct. 9, 1952

REGISTRAR'S SIGNATURE Alonda G. Cooke

24. FUNERAL DIRECTOR Roy N. Barker, Taylorsville, Md ADDRESS

OCT 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11725

CERTIFICATE OF DEATH

Reg. Dist. No. 223—

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK
LENGTH OF STAY (in this place) 49 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7506 Carroll Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 7506 Carroll Ave

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ELD WILLIAM AMBROSE SPICER

4. DATE OF DEATH: (Month) (Day) (Year) OCT. 17 1952.

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: DEC. 19, 1865
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, (Type if retired) RETIRED MINISTER
10b. KIND OF BUSINESS OR INDUSTRY: GENERAL CONF of S.D.A.
11. BIRTHPLACE (State or foreign country): FREEBORN MINN.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: AMBROSE C. SPICER
14. MOTHER'S MAIDEN NAME: SUSANNA COON.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MRS. GEORGIE HARPER SPICER 7506 CARROLL AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44

Immediate cause (a) Hypertensive heart disease — Interval Between Onset And Death 6 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aight "stroke" April 1952

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 1952, to Oct 17, 1952, that I last saw the deceased alive on Oct 15, 1952, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE John N. Andrews M.D. (Degree or title) ADDRESS 9601 Colesville Rd Silver Spring Md DATE SIGNED Oct 17-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 19, 1952.
NAME OF CEMETERY OR CREMATORY GEORGE WASHINGTON CEM.
LOCATION (City, town, or county) (State) RIGGS Rd., HYATTSVILLE, PR. GEO. CO. Md.

DATE REC'D BY LOCAL REGISTRAR Oct 17-1952
REGISTRAR'S SIGNATURE J. Hilton Dodd
24. FUNERAL DIRECTOR Arthur S. Walters, ADDRESS 254 CARROLL ST. N.W., TAKOMA PARK 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 15 1726

MAILGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 27

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: North Carolina — COUNTY: Onslow

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Camp Lejeune

STREET ADDRESS (If rural give location): MCQ 3344 ✓

3. NAME OF DECEASED: (Type or Print) (First) Carol (Middle) Susan (Last) STINE

4. DATE OF DEATH: (Month) October (Day) 7, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 26, 1951

9. AGE last birthday: 01 yrs. — IF UNDER 1 YEAR: Months 00, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harold E. STINE

14. MOTHER'S MAIDEN NAME: Moira FULLERTON

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO.: - - - - - -

17. INFORMANT & ADDRESS: Father: Harold E. STINE, same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

753.1 Immediate cause (a) Cardio-vascular collapse

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Atrophy DUE TO

(c)

Interval Between Onset And Death: Congenital

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 19 52, to Oct. 7, 19 52, that I last saw the deceased alive on Oct. 7, 1952, and that death occurred at 11:30 PM, from the causes and on the date stated above.

SIGNATURE: F. H. SCHNEIDER (Degree or title): LT, MC, USN ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED: Oct. 9, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: Oct. 9, 1952 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Altoona, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR: Oct. 9, 1952 — REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR — ADDRESS: Robert A. Pumphrey, 7557 Wisconsin Avenue, Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 72

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (in this place) 1 yr. 55 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY - - -
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) Highlands Apartments, Conn. Ave. at California Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Montgomery (Middle) Meigs (Last) TAYLOR
4. DATE OF DEATH: (Month) October (Day) 21, (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 13, 1869
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months 00 Days 08 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Officer
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Navy
11. BIRTHPLACE (State or foreign country): District of Columbia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: J. H. TAYLOR
14. MOTHER'S MAIDEN NAME: Mary M. MEIGS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) SP.AMER. & WW I
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Grand Nephew: Roy C. SMITH, 125 West Cameron Road, Falls Church, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Thrombosis, Middle cerebral artery — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis, Generalized — 10 yrs +

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 1 day +

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 26, 1951, to Oct 21, 1952, that I last saw the deceased alive on Oct 21, 1952, and that death occurred at 3:40 AM, from the causes and on the date stated above.

SIGNATURE S. W. Eyer (Degree or title) S. W. EYER, CDR, MC, USN ADDRESS U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND DATE SIGNED Oct. 21, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 24, 1952
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REGISTRAR Oct. 21, 1952
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR Hysong Funeral Home, 1300 N Street, NW, Washington, D. C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT 2[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (in this place) 81 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Nettie (Middle) G (Last) Thompson

4. DATE OF DEATH (Month) Oct (Day) 22 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Mar 3-1871
9. AGE last birthday 81 yrs. If under 1 year Months 7 Days 19 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY House work
11. BIRTHPLACE (State or foreign country) Gaithersburg Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George L Andrews
14. MOTHER'S MAIDEN NAME Lucretia Hilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Kenneth Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Embolism

260X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1949, to Oct. 20 1952, that I last saw the deceased alive on Oct 20, 1952 and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P. Mary Shirley MD ADDRESS Gaithersburg, Md DATE SIGNED Oct 23, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10/25/52
NAME OF CEMETERY OR CREMATORY Frederick Memorial
LOCATION (City, town, or county) Frederick (State) Md

DATE REC'D BY LOCAL REG. Oct 24, 1952
REGISTRAR'S SIGNATURE Amida G Coole
24. FUNERAL DIRECTOR Ernest C Gaither ADDRESS Gaithersburg Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT 28

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 1 hr. 17 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 1730 D Street, N.E. ✓

3. NAME OF DECEASED: (Type or Print) (First) Marlene (Middle) Annette (Last) TINNEY
4. DATE OF DEATH: (Month) October (Day) 25, (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Negro	Single	Oct. 25, 1952	✓ 00 yrs.	00	00	01	17

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William E. TINNEY
14. MOTHER'S MAIDEN NAME: Marguerite KENNEDY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - - -
16. SOCIAL SECURITY NO.: - - - - - -
17. INFORMANT & ADDRESS: Father: William E. TINNEY,

18. MEDICAL CERTIFICATION — same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

776X
Immediate cause (a) PREMATURITY : IMMATURITY
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 25, 19 52, to Oct 25, 19 52, that I last saw the deceased alive on Oct. 25, 19 52, and that death occurred at 4:00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
D. R. DYE, LT, JG, MC, USNR	U.S. NAVAL HOSPITAL, BETHESDA, MD.	Oct. 27, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Disposal	Oct. 28, 1952	USN Medical School	Bethesda, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 27, 1952	Edith Whittington	NONE	

VS. A15

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OCT

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 211

30

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookingsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Monrovia R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unknown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Girl (Last) Unknown

4. DATE OF DEATH (Month) Unknown (Day) About (Year) 10/13/52

5. SEX Female
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Unknown
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Montg. Co. police

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

795.3

Immediate cause (a) Unknown - Full term baby girl

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) found in creek - Cord & placenta attached

(c) Baby considerably decomposed

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

SIGNATURE Frank J. Bronhart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 10-11-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 14, 1952
NAME OF CEMETERY OR CREMATORY Montg. County Home
LOCATION (City, town, or county) (State) Rockville, Maryland.
DATE REC'D BY LOCAL REG. Oct. 11, 1952
REGISTRAR'S SIGNATURE Della W. Burdette
24. FUNERAL DIRECTOR Olin L. Molesworth ADDRESS Damascus, Md

9V0299V4 0V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 31

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 508 Sterling Road

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) Christine (Last) Walshe

4. DATE OF DEATH: (Month) Oct. (Day) 8 (Year) 1952

5. SEX: Fem.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov. 1 - 1873

9. AGE last birthday: 78 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adolph Johanson

14. MOTHER'S MAIDEN NAME: Sarah Fitzgerald.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: 5721 Western Ave N.W. Wash. D.C. Daughter - Mrs Frances H. Tupper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1 Immediate cause (a) AC. VENTRICULAR FIBRILLATION — 1 MIN

DUE TO (b) MYOCARDITIS MYOCARDIAL DEGENERATION AND OLD HYPERTENSION + MULTIPLE CORONARY OCCLUSION — 8 YRS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (c) GENERALIZED ARTERIOSCLEROSIS.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) NONE

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 3, 1952, to Oct. 8, 1952, that I last saw the deceased alive on Oct. 8, 1952, and that death occurred at 3:05 PM., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Marshall Cunliffe Jr. M.D. 1407 - Woodside Parkway, Silver Spring Md Oct. 9, 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10/11/52

NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 10/14/52

REGISTRAR'S SIGNATURE Jessie M. Thompson

24. FUNERAL DIRECTOR ADDRESS

8434 Ga. Ave.
Silver Spring, Maryland

VS. A15

OCT 16
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4604 Maple Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 4604 Maple Ave.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) FREDERICK (Last) WALTHER

4. DATE OF DEATH: (Month) October (Day) 25, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 18, 1884

9. AGE last birthday: 68 yrs. — If under 1 year: Months 8, Days 7 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret- Serviceman

10b. KIND OF BUSINESS OR INDUSTRY: Wash. Gas. Co.

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles H. Walther

14. MOTHER'S MAIDEN NAME: Alice S. Deakins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 578-09-1370

17. INFORMANT AND ADDRESS: Greta L. Walther-Same as item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X **Immediate cause** (a) Carcinoma of the lung - right — INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb 29, 1952 — **19b. MAJOR FINDINGS OF OPERATION:** Carcinoma of lung & pleural extension

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): No — **PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):** No — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 9, 1952 to Oct 25, 1952, that I last saw the deceased alive on Oct 12, 1952, and that death occurred at 7 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Chas A. Hufnagel M.D. — ADDRESS: 3500 Reservoir Rd. Washington D.C. — DATE SIGNED: 10-25-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-28-52	Eldbrooke Cemetery	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/28/52	[illegible]	Robert W. Humphrey	Bethesda, Md.

OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY: Montgomery
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
   LENGTH OF STAY (in this place): 16 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Virginia
   COUNTY: Fairfax
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Vienna
   STREET ADDRESS (If rural give location): - - - - - - ✓

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Addison (Last) WEDDERBURN

4. DATE OF DEATH: (Month) October (Day) 18, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: June 23, 1881

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months 03 Days 25 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Not known

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alexander J. WEDDERBURN

14. MOTHER'S MAIDEN NAME: Sarah ADDISON

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: - - - - - -

17. INFORMANT & ADDRESS: Wife: Frances B. WEDDERBURN, same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary Heart Block - Cardiac Standstill

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease.

DUE TO

(c)

Interval Between Onset And Death: 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1952, to Oct 18, 1952, that I last saw the deceased alive on Oct 18, 1952, and that death occurred at 9:50 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. A. BAILEY, LTJG, MC, USNR U.S. NAVAL HOSPITAL, BETHESDA, MD. Oct. 19, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct. 22, 1952
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: Oct. 19, 1952
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: Jos. Gawler's Sons, 1756 Pennsylvania Avenue, NW, Washington, D. C.

VS. A15

1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 29 Hickory Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 29 Hickory Avenue

3. NAME OF DECEASED: (Type or Print) (First) MAUD (Middle) H. (Last) WIDDIFIELD
4. DATE OF DEATH: (Month) Oct (Day) 2 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 21. 1885
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Travers City, Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Huntington
14. MOTHER'S MAIDEN NAME: Lena M. Burmley
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Samuel E. Widdifield, 29 Hickory Ave. Tak. Pk. Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

3 21 X

Immediate cause (a) Cerebral hemorrhage DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-sclerosis DUE TO

(c)

Interval Between Onset And Death: 3 yrs. Indefinite

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 20, 1952, to Oct. 2, 1952, that I last saw the deceased alive on Oct. 1, 1952, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

SIGNATURE J. Bhette MD (Degree or title) ADDRESS 6911 5th St. NW Wash. DC DATE SIGNED Oct 2/52

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF Oct 4-1952
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Prince George County, (State) Md.
DATE REC'D BY LOCAL REGISTRAR 10-2-52
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW. ADDRESS Takoma Park. D.C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

OCT 6 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park.
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital Takoma Park. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Montgomery.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs. Md.
STREET ADDRESS (If rural give location) 9401 Flower Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Williams

4. DATE OF DEATH: (Month) October (Day) 8 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 9-19-65

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Canal Fulton - Ohio.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Price

14. MOTHER'S MAIDEN NAME: Elizabeth Schroeder

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

570.5

Immediate cause (a) Acute Intestinal Obstruction - postoperative — Interval Between Onset And Death: 6 Days.

DUE TO Auth terminal uremia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Thrombosis — 1 month

DUE TO (c) Generalized Cardio Vascular renal arteriosclerosis — 15 years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10-2-52

19b. MAJOR FINDINGS OF OPERATION: Complete obstruction terminal ileum

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1939, to 10-8, 1952, that I last saw the deceased alive on 10-8, 1952, and that death occurred at 1:15 Am, from the causes and on the date stated above.

SIGNATURE Kenneth Laughlin M.D. (Degree or title) ADDRESS 934 Ellsworth Dr. Silver Spring Md. DATE SIGNED 10-8-52.

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial — DATE THEREOF 10/9/52 — NAME OF CEMETERY OR CREMATORY Riverside Cemetery — LOCATION (City, town, or county) Cleveland, Ohio (State)

DATE REC'D BY LOCAL REGISTRAR Oct 8-1952 — REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR [illegible] ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda. LENGTH OF STAY (in this place) D.O.A
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scotland.
STREET ADDRESS (If rural give location) R.F.D # 2. Rockville.

3. NAME OF DECEASED: (Type or Print) (First) Cornelius (Middle) Johnson (Last) Wilson
4. DATE OF DEATH: (Month) Oct (Day) 31 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 9-1883
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer.
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Moses Wilson
14. MOTHER'S MAIDEN NAME: Mary Stewart
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Scotland - Md. (Wife) Mrs Julia May Wilson.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1 Immediate cause (a) Acute myocardial infarction — 4-5 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary sclerosis & thrombosis (left descending) — 4-5 days
DUE TO
(180x) (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypernephroid Carcinoma, Right Kidney — years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 27, 1952, to Oct 27, 1952, that I last saw the deceased alive on Oct 27 1952, and that death occurred at 9:58 PM from the causes and on the date stated above.
SIGNATURE Gordon S. Parenburger (Degree or title) M.D. ADDRESS Rockville, Md DATE SIGNED 11/1/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11/4/52 NAME OF CEMETERY OR CREMATORY St Rose, Clapp's Md. LOCATION (City, town, or county) Montgomery (State) Md
DATE REC'D BY LOCAL REGISTRAR 11/5/52 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR R. L. Snowden, Rockville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
RURAL LENGTH OF STAY (in this place) 20 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. and Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 523 Dale Drive

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) John (Last) Winterble

4. DATE OF DEATH: (Month) October (Day) 25 (Year) 192

5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-17-60
9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Real Estate Agent
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (State or foreign country): Hartford, Conn.
12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Robert Winterble
14. MOTHER'S MAIDEN NAME: Margaret Johnson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ----
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) generalized arteriosclerosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cachexia - old age

DUE TO (c)

Interval Between Onset And Death yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from summer, 1951, to Oct 25, 1952, that I last saw the deceased alive on Oct 25, 1952, and that death occurred at 12.45 p.m. from the causes and on the date stated above.

SIGNATURE Frederic Brennwald M.D. (Degree or title) ADDRESS Takoma Park Md DATE SIGNED 10/25/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 28, 1952
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) Prince Geo. Co., Md. (State)
DATE REC'D BY LOCAL REGISTRAR Oct 26-52
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Werner E. Pumphrey ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11738

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Monigomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda

LENGTH OF STAY (in this place) 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Surburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Wash. D.C. — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C

STREET ADDRESS (If rural give location) 5807 Chevy Chase Parkway

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Nathaniel (Last) Wolverton

4. DATE OF DEATH: (Month) Oct (Day) 3 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	8-18-78.	74 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired.	Vice Pres. New York Life Ins Co.	Michigan	U.S.

13. FATHER'S NAME: Jacob Reed Wolverton

14. MOTHER'S MAIDEN NAME: Emma Hess

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	3941 Newdale Rd. Chevy Chase Md Daughter Mrs Dorothy Goodwin

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
452X Immediate cause	(a) Rupture of Aneurysm of Abdominal Aorta	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerosis	?
	DUE TO (c) Polycystic Kidney disease & Hypertension	Many Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1 Oct, 1952, to 3 Oct, 1952, that I last saw the deceased alive on 1 Oct, 1952, and that death occurred at 2:55 A.M. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John G. Ball	M.D.	7936 Georgetown Rd Bethesda Md	3 Oct 52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	OCT 6 1952	FT LINCOLN	PRINCE GEORGE CO.	MD.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/6/52	Bessie M. Chapman	The S. H. Hines Co. 2901	14th St N.W. WASHINGTON D.C.

RECEIVED
OCT 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11739

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9609 Sutherland Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Monty.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring.
STREET ADDRESS (If rural give location) 9609 Sutherland Rd.

3. NAME OF DECEASED: (First) EVA (Middle) S. (Last) WRIGHT (Type or Print)

4. DATE OF DEATH: (Month) OCT. (Day) 2, (Year) 1952.

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: OCT. 21, 1907.

9. AGE last birthday: 44 yrs. — IF UNDER 1 YEAR: Months —, Days —; IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: S. W. SHOWALTER

14. MOTHER'S MAIDEN NAME: AUDREY LEVELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Roy D. WRIGHT, 9609 SUTHERLAND Rd. SILVER SPRING MD.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
175X Immediate cause	(a) Acidosis, Uremia, + Cardiac failure	5 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Papillary Adenocarcinoma	1+ years
	DUE TO (c) Of Ovary	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	None	None

19a. DATE OF OPERATION: March 26. 1952

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma L Ovary. Aug. Papillary

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NO — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19 52, to Oct 2 19 52, that I last saw the deceased alive on Oct 1, 19 52, and that death occurred at 2 30 P.M., from the causes and on the date stated above.

SIGNATURE Leslie V. Dell — (Degree or title) M.D. — ADDRESS 1801 K St. NW. — DATE SIGNED Oct. 2. 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct. 4, 1952 — NAME OF CEMETERY OR CREMATORY Ft. LINCOLN CEMETERY — LOCATION (City, town, or county) BLADENSBURG Rd. PRINCE GEO. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10/2/52 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR J. Arthur Walters — ADDRESS 254 Carroll St. Takoma Park 12, D.C.

VS. A15

RECEIVED
OCT 6 1952
BUREAU V. S.